

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L220003682075

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To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : IDEAS CARVAJAL LLC
 Account Number : I20220000006
 Phone : (321)333-5565
 Fax Number : (407)520-5473

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 MINDBLOWN GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2022 OCT 27 PM 4:26
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

APPROVED
 AND
 FILED

2022 OCT 27 12:14

Electronic Filing Menu

Corporate Filing Menu

Help

OCT 28 2022
 K. Brumblay

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MINDBLOWN GROUP LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BARRIOS RESTREPO SANTIAGO

Name of Person

MINDBLOWN GROUP LLC

Firm/Company

3519 GRANDE RESERVE WAY APT 301

Address

ORLANDO, FL 32837

City/State and Zip Code

rtaxserviceps@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BARRIOS RESTREPO SANTIAGO

407 289 6187
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MINDBLOWN GROUP LLC

(Name of the Limited Liability Company as it now appears on our records;)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/22/2022 and assigned
Florida document number L22000053675

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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 OCT 27 PM 4:26
 CLERK OF DISTRICT COURT
 JUDICIAL CIRCUIT IN AND FOR
 FLORIDA
 22 OCT 27 PM 4:26

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	RESTREPO BARRIOS NICOLAS	3519 Grande Reserve Way Apt 301 Orlando, FL 32837	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BARRIOS RESTREPO NICOLAS	3519 Grande Reserve Way Apt 301 Orlando, FL 32837	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 10/27/2022

Santiago Barrios Restrepo

Signature of a member or authorized representative of a member

BARRIOS RESTREPO SANTIAGO

Typed or printed name of signee

Filing Fee: \$25.00