

L22000060426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

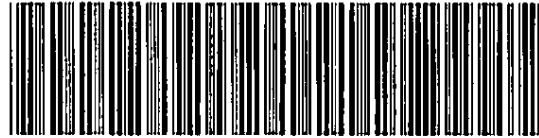
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000393136060

09/31/22--01015--007 \*\*30.00

**FILED**  
2022 AUG 31 AM 9:25  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

MCC MANAGEMENT GROUP OF FLORIDA, LLC

SUBJECT: \_\_\_\_\_  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Colton Baptiste & Edgar Secundino

\_\_\_\_\_  
Name of Person

MCC MANAGEMENT GROUP OF FLORIDA, LLC

\_\_\_\_\_  
Firm/Company

PO Box 540606

\_\_\_\_\_  
Address

Orlando, FL 32854

\_\_\_\_\_  
City/State and Zip Code

coltonb@baptistecorp.org

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

For further information concerning this matter, please call:

Colton Baptiste

866

477-0560 ext 9234

\_\_\_\_\_  
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

**FILED**  
2022 AUG 31 AM 9:25  
SECRETARY OF STATE  
TALLAHASSEE, FL



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	Edgar Mauricio Secundino	2501 North Orange Blossom Trail, Apt 240	<input checked="" type="checkbox"/> Add
		Orlando, FL 32804	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input 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
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input 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
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
2022 AUG 31 AM 9:25  
SECRETARY OF STATE  
TALLAHASSEE, FL


2022 AUG 31 AM 9:25  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED  
2022 AUG 31 AM 9:25  
SECRETARY OF STATE  
TALLAHASSEE, FL

(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.

August 27th 2022  
Dated \_\_\_\_\_

August 27th 2022



Signature of a member or authorized representative of a member

Typed or printed name of signee