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COVER LETTER

`TO:

TO: Registration Se Division of Cor				
MCC MAN	AGEMENT GROUP OF FLOF	RIDA, LLC		
SUBJECT:				
SUBJECT:	Name of Limi	ted Liability Company		·
The analoged Articles of	Amendment and fee(s) are subt	nitted for filing.		
	ndence concerning this matter			
	Colton Baptiste & Edgar Sc			2022 AUG 31 SECRETARY
		Name of Person		A 50
	MCC MANAGEMENT GF	ROUP OF FLORIDA, LLC		HASS
		Firm/Company	•	
	PO Box 540606			AH 9: 25 OF STATE SSEE, FL
		Address		-
	Orlando, FL 32854			
	coltonb@baptistecorp.org	City/State and Zip Code		_
	E-mail address: (to be used for future annual report not	fication)	
Ear forther information o	oncerning this matter, please ca	all·		
	oncerning this matter, prease of	866 477-0560 ex	t 9234	
Colton Baptiste				
Name o	f Person	Arca Code Daytin	ne Telephone Numbe	er
Enclosed is a check for th	ne following amount:			
□ \$25.00 Filing Fee	■ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &
Mailing Addres Registration S Division of C	Section	Street Address: Registration Se Division of Co	rporations	
P.O. Box 632		The Centre of		010
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite	010

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MCC MANAGEMENT GROUP OF FLORIDA. LLC	SE(
(Name of the Limited Liability Compa (A Florida Limited	
The Articles of Organization for this Limited Liability Company Florida document number	$02/04/2022$ $\pm \omega$ ω
This amendment is submitted to amend the following:	F. 25
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2501 North Orange Blossom Trail
(Principal office address MUST BE A STREET ADDRESS)	Apt 240
	Orlando, FL 32804
Enter new mailing address, if applicable:	PO Box 540606
(Mailing address MAY BE A POST OFFICE BOX)	Orlando, FL 32854
B. If amending the registered agent and/or registered office a	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
	, Florida City: 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 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>	Address	Type of Action
AMBR	Edgar Mauricio Secundino	2501 North Orange Blossom Trail, Apt 240	-
		Orlando, FL 32804	🖹 Add
		Onando, FL 32004	□Remove
			□Change
			□Add
			□Remove
			□Remove
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Effective date, if other than the date of filing:	ional)	(05.03
fan effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days afte Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the		
document's effective date on the Department of State's records.		
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (I	b) The 90th d	ay after th
rd is filed.		
August 27th 2022		
Dated 2022		
August 27th 2022		

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