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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 Fax Number (305)675-5944

**Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address pleases

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ELITE COOLING SYSTEM LLC

Certificate of Status	0
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C. BRUMBLEY

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Help

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A.R.T	TCLES OF O	ORGANIZATION SO TO TO THE TOTAL PROPERTY OF
		-6 T
	ELITE COOLI	ING SYSTEM LLC
OF RULE OF THE TIME	ited Liability Como A Florida Limited	Tany as it now appears on our records. The bability Company)
The Articles of Organization for this Limited I Florida document number	iability Company	10000000000000000000000000000000000000
This amendment is submitted to amend the fol-	owing:	
	-	
A. If amending name, enter the new name of	f the limited liah	pility company here:
	M.AR Group LLC	
the new name must be distinguishable and contain the	vords "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applied	able:	20200 W Dixie Hwy Ste 707
(Principal office address MUST BE A STREET ADDRESS)		Miami, FL 33180
Enter new mailing address, if applicable:		20200 W Dixie Hwy Stc 707
(Mailing address MAY:BE A POST OFFICE BOX)		Miami, FL 33180
<u> </u>	<u>0071</u>	
B. If amending the registered agent and/or ragent and/or the new registered office addre	egistered office 2 ss. here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	CCS REPRESE	ENTATIVES LLC
New Registered Office Address:	20200 W Dixie	
		Ewer Florida street address
	Miami	Florida 33180
		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 Changing Registered Agent Signature of New Registered Agent

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

Title	<u>Name</u>	Address	Type of Action
MOR	MARIA VICTORIA CASTELLAN	8245 NW 93 ST.	
		MEDLEY, FL 33166	
MGR			
	CARLOS ALBERTO HERRERA	8245 NW 93 ST.	C)Add
		MEDLEY, FL 33166	■Remove
			□Change
		-	□Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
			ORemove
			OChange
			□ Add
			©Remove
			©Change

	ading any other information, enter change(s) here: (Attach additional sheets, if necessary.)
*	
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ffective an effecti lote: If i	date, if other than the date of filing: (optional) ive 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 605.02 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as effective date on the Department of State's records.
record sp is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
ated	/11/2022