

L 220000397818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

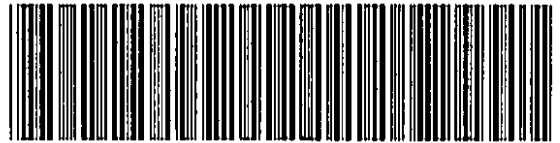
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

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COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: LOYALTY MGMT 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:

DR. FABIAN CEVALLOS

Name of Person

LOYALTY MGMT GROUP, LLC

Firm/Company

PO BOX 122290

Address

FORT LAUDERDALE, FL 33312

City/State and Zip Code

LMGT@LOYALTYMGMTGROUP.COM

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

For further information concerning this matter, please call:

MELISSA WENDORF

954

599-5246

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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CEO	DR. FABIAN CEVALLOS	PO BOX 122290	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33312	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
COO	MELISSA WENDORF	PO BOX 122290	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FL 33312	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
CFO	KIMBERLY CEVALLOS	PO BOX 122290	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FL 33312	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE, FL

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[illegible]

(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00