## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MIRROR GROUP LLC

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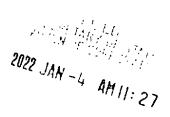
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Mirror 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 11/22/22 \_\_\_\_\_ and assigned Florida document number L22000498902 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 "LLC." 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

## 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.

\_. Florida \_\_

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	JACOV L.L.C.	9145 RANIER LN N	
		MAPLE GROVE, MN 55311	<b>⊠</b> Remove
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If amending	any other informa	ation, enter change(s)	here: (Attach additio.	nal sheets, if necessary	TORY JAN -1	6 W 1974 1974
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<u>'ote:</u> If the da	ate inserted in this bl	date of filing:  st be specific and cannot be pock does not meet the apepartment of State's reco	plicable statutory filing	(optional) re than 90 days after filing.) requirements, this date w	Pursuant to 605,0207 fill not be listed as a	(3)(b) the
record specifi Lis filed.	ies a delayed effectiv	e date, but not an effectio	ve time, at 12:01 a.m. or	n the carlier of: (b) The	90th day after the	
ated	January 4		·			
		Signature of a member of a	CASC juthórized tenresentative o	f a member		
		organical or a member of c	mannaeu representative o	i ii iiiviiiosi		
		Robin .	Jones			

Filing Fee: \$25.00