L23000031070

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08/29/23--01027--004 **25.00



c/ 9/17/2013

COVER LETTER

<u></u>	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	MARLENE BRICENO		
		Name of Person	
	MB IMMIGRATION SER	VICES GROUP LLC	
	··········	Firm/Company	
	18501 PINES BLVD		
		Address	
	PEMBROKE PINES, FL.	33029	
	mbservicesgroups@gmail.c	City/State and Zip Code	
		to be used for future annual report notification	ation)
For further information e	oncerning this matter, please c	all:	
MARLENE BRICENO		954 2492465	
Name o	f Person	at ()	Felephone Number
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)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		<u>Street Address:</u> Registration Secti	ion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations

TO:

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MB IMMIGRATION SERVICES GROUP LLC

2023 AUS 29 AM 8: 21

(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our a Liability Company)	ecords.)	11 -
The Articles of Organization for this Limited Liability Company	were filed on 01/17/2023	and	d assigned
Torida document number L23000031070			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
MB INTEGRAL SERVICES GROUP LLC			
he new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation	"LLC" or the abbreviation	on "L.L.C."
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)			
3. If amending the registered agent and/or registered office	address on our records, o	enter the name of the	e new regi:
gent and/or the new registered office address here:			
Name of New Registered Agent:		····	
New Registered Office Address:			
New Registered Office Address.	Enter Florida street	address	
		Florida	

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

<u>Title</u>	Name	Address	Type of Action
			□Add
			Remove
			☐Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
			□ Change

Effective date, if other than the date of filing: [(f) 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 665.9207 (Shote: If the date inserted in this block does not ment the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records. 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 ord is filled. Dated AUGUST 24 2023 Signifure of a member or authorized representative of a member MARLENE BRICENO	·			
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Signature of a member or authorized representative of a member	AUGUST 24	2023		
			- ·	
	<u> </u>	(Mobile 1)		
MARLENE BRICENO		Signature of a member or authori	zed representative of a member	
	MARLENE BRICENO			

Filing Fee: \$25.00