7/21/23, 9:11 AM

To:

Division of Corporations

Florida Department of State Division of Comorations Mectronic Filing Cuver Steel

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000254644 3)))



H230002546443ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From: Enter the email address for this business entity to be used for future

Account Name : WEISS SEROTA HELFMAN COLE & BIERMAN PL

Account Number : I20220000155 Phone : (305)854-0800 Fax Number : (305)854-0800

annual report mailings. Enter only one email address please.**

Email Address: fruiz@wsh-law.com

THE ST. PH IZ: 19

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MISTICO GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

FILED
2023 JUL 21 PH 4: 4.1
SECRETARY OF STATE

Electronic Filing Menu

Corporate Filing Menu

Help

TOL 2/2 2923

ູ ປ:umoi≇y

To:

		COVER LETTER	
TO: Registration S Division of Co			•
MISTICO SUBJECT:	GROUP, LLC.		
	Name of Li	mited Liability Company	
The enclosed Articles o	f Amendment and fec(s) are su	binitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	IAN ILLYCH MARTINI	EZ, ESQ.	
		Name of Person	
•	BELLO & MARTINEZ,	PLLC	
		Firm/Company	_
	2850 S. DOUGLAS ROA	D, SUITE 303	•
		Address	
	CORAL GABLES FL 33	134	
		City/State and Zip Code	
	imartinez@bmrlawgreup.c		, , , , , , , , , , , , , , , , , , ,
		(to be used for future annual report not	neation)
For further information of	oncerning this matter, please of	eall:	
IAN ILLYCH MARTIN	EZ	305 442-7970	
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for ti	nc following amount:		
〓 \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	[1] \$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 To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MISTICO GROUP, ELC.		
(<u>Name of the Limited Liability Comp.</u> (A Plorida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on MARCH 7, 2023	and assigned
Florida document number L23000118019		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	nility company here:	
N/A		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	2524 S Lejeune Road	
+	Coral Gables FL 33134	
Enter new malling address, if applicable:	8354 NW 51 Terr.	
(Mailing address MAY BE A POST OFFICE BOX)	Doral F1, 33166	
B. If amending the registered agent and/or registered office a seent and/or the new registered office address here:	address on our records, <u>enter the nan</u>	ne of the new registered
Name of New Registered Agent:		
New Registered Office Address:		<u> </u>
	Enter Florida street uddress , Florida	
	City	Vig Sade
New Registered Agent's Signature, if changing Registered Agent:		3 5

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>	Name	Address	Type of Action
MGR	GILBERTO SANTA ROSA	6861 SW 44TH ATREET APT. 309	∐Add
		MIAMI F1. 33155	
			fl Change
AMBR INATLANTIC, LLC.	1820 N Cerporate Lakes Blvd		
		Ste 201	
		Weston, FL 33326	
AMBR	SFMM, LLC	31 SE GTH STREET	≅∧dd
		SUITE 1601	□Remove
		MIAMI FL 33131	Change
			Change
			П Кеточе
	•		(Change
			□Add
			□Remove
			∐Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
N/A
07/10/2023
E. Effective date, if other than the date of filing: (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): Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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
Dated 07/ 20 23 2023 Signature of a member or nuthorized representative of a member
BARBARA YUSTY
Typed or printed name of signee