## L23000118444

(Rec	questor's Name)	
(Add	Iress)	
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(City	/State/Zip/Phone	<u> </u>
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## **COVER LETTER**

Registration Section

Division of Corporations

TO:

A	GROUP, LLC		
JOBJECT:	Name of Lin	nited Liability Company	<u></u>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JUAN R MOTA		
		Name of Person	
	JOHN M GROUP, LLC		
		Firm/Company	
	3149 NW 102ND PATH		. ~3
		Address	
	DORAL FL 33172		1
		City/State and Zip Code	
	JUANRAMONMOTA@G	MAIL.COM	·
	E-mail address: (	to be used for future annual report not	ification)
For further information of	oncerning this matter, please c	all:	<u></u> بر
JUAN MOTA		305 5180390 at ( )	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	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 Division of C P.O. Box 632 Tallahassec, I	Section forporations 7	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JOHN M GROUP, LLC

( <u>Name of the Limi</u>	ted Liability Comp: (A Florida Limited	iny as it now appears on our reco Liability Company)	<u>rds.</u> )
The Articles of Organization for this Limited L. Horida document number. L23000118444	iability Company	were filed on FLORIDA	and assigned
'his amendment is submitted to amend the foll	lowing:		
A. If amending name, <u>enter the new name o</u>	f the limited liab	ility company here:	
he new name must be distinguishable and contain the v	words "Limited Liabi	fity Company." the designation "Ll	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:		
Principal office address MUST BE A STREET ADDRESS)		3149 NW 102ND PATH	200
		DORAL FL 33172	
•			1
Inter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	BOX)	3149 NW 102ND PATH	
		DORAL FL 33172	<u></u>
gent and/or the new registered office addre	JUAN R MOT	A	
New Registered Office Address:	3149 NW 1027	ND PATH	
rew Registered Office / Ridgess.	Enter Florida street address		
	DORAL	, 1	Florida 33172
		City	Zip Code
vew Registered Agent's Signature, if changing	Registered Agent:		
hereby accept the appointment as registere provisions of all statutes relative to the propose the obligations of my position as regional filed to merely reflect a change in the company has been notified in writing of this	per and complete istered agent as p registered office change.	performance of my duties, provided for in Chapter 602	and I am familiar with and 5, F.S. Or, if this document is that the limited liability

ending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added moved from our records:

Name	Address	Type of Action
MARTINS, LEYDE M	8840 NW 111TH AVE UNIT 1901	□Add
	DORAL FL 33178	≣Remove
		□Remove
		Chango
		□Add
		□Remó
		□Chan
		\ \_Add
		□Rem
		□Cha
		□ Add
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		□ Ad
		□Re

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	<del></del>
fective date, if other than the date of filing:  In effective date is listed, the date must be specific and cannot be prior to date of filing or	(optional)
ote: If the date inserted in this block does not meet the applicable statutory fineument's effective date on the Department of State's records.	ling requirements, this date will not be listed a
cument's effective date of the Department of State's records.	
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.n is filed.	n. on the earlier of: (b) The 90th day after the
ned OCTOBER, 24TH 2023	
Signature of a member or authorized representat	ive of a member