

L23000244729

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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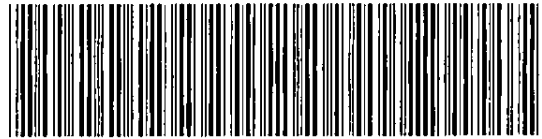
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mjoegrill,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:

Militza A. Duran Marquez

Name of Person

Mjoegrill,llc

Firm/Company

9064 Dowden Rd

Address

Orlando FL 32827

City/State and Zip Code

Mjoegrill@gmail.com

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

For further information concerning this matter, please call:

Militza A Duran Marquez

407

2276383

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Mjoegrill.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 05/18/2023 and assigned
Florida document number L23000244729.

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 "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)

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: Joel P. Ramirez Coronel

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

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.



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>
MGR	Militza A. Duran Marquez	9064 Dowden rd orlando Fl 32827	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Joel P. Ramirez Coronel	9064 Dowden rd orlando Fl 32827	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

My name is Militza A. Duran Marquez, Manager and owner of the company Mjoegrill, Inc.

I present this amendment to add Joel P. Ramirez Coronel as a partner or authorized member of said company.

E. Effective date, if other than the date of filing: July/ 03/2023 **(optional)**

(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)

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 July / 03 2023

Signature of a member or authorized representative of a member

MILITZA DURAN

Typed or printed name of signee

Florida TEMPORARY DRIVER LICENSE

D656-541-86-590-0 CLASS E

DURAN MARQUEZ
 MILITZA AYHARRA
 4567 WESTGATE DR APT 1321
 ORLANDO FL 32835-6009

DOB 03/10/1988 SEX F
 EXP 06/22/2024 AGE 36 HT 5'04"

REST: NONE END: NONE

SAFE DRIVER
 ISS 09/12/2022
 SDD GT4228912888

Operation of a motor vehicle requires
 payment of one additional fee required by law.

The State of Florida retains all property rights herein.
 031088
 Rev.
 03/01/2020

CLASS: E - Any non-commercial veh with a GVWR - 26 001 lbs. or any RV
 REST: None
 END: None

REPLACEMENT LICENSE REQUIRED WITHIN 30 DAYS OF ADDRESS OR NAME CHANGE.
 WWW.FLHSMV.GOV

Florida TEMPORARY DRIVER LICENSE

R562-435-86-442-0 CLASS E

RAMIREZ CORONEL
 JOEL PARAMACON
 89064 DOWDEN RD APT 3103
 TORLANDO FL 32837-4832

DOB 12/02/1986 SEX M
 EXP 11/29/2023 HT 5'-07"
 12 RES NONE END NONE

SAFE DRIVER
 44 RB 02/01/2022
 SCD 67477029-10000

Operation of a motor vehicle is contributor's consent to any security test required by law

The State of Florida retains all property rights herein.
 120288
 Rev. 03/01/2020

CLASS: E - Any non-commercial veh with a GVWR < 26 001 lbs. or any RV
 REST: None
 END: None

REPLACEMENT LICENSE REQUIRED WITHIN 30 DAYS OF ADDRESS OR NAME CHANGE.
WWW.FLHSMV.GOV