

8/14/23, 2:03 PM

Division of Corporations

(((H23000281868 3)))

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**L23000277627**

**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.**

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : YOUR DREAM SERVICES CORP.  
Account Number : 120200000137  
Phone : (786)560-0108  
Fax Number : (786)364-1047

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: info@yourdreams.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
M&R UNION GROUP LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED

2023 AUG 14 PM 3:22

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2023 AUG 14 PM 3:22

Electronic Filing Menu

Corporate Filing Menu

T. LEMIEUX  
Help **AUG 15 2023**

(((H23000281868 3)))

**COVER LETTER**

(((H23000281868 3)))

**TO: Registration Section  
Division of Corporations**

**SUBJECT: M&R Union Group 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:

NOT APPLICABLE

\_\_\_\_\_  
Name of Person

NOT APPLICABLE

\_\_\_\_\_  
Firm/Company

NOT APPLICABLE

\_\_\_\_\_  
Address

NOT APPLICABLE

\_\_\_\_\_  
City/State and Zip Code

NOT APPLICABLE

\_\_\_\_\_  
E-mail address, (to be used for future annual report notification)

For further information concerning this matter, please call:

NOT APPLICABLE

NOT APPLICABLE

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_  
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

(((H23000281868 3)))

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

(((H23000281868 3)))

M&amp;R Union 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 06/07/2023 and assigned  
Florida document number L23000277027.

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:

NOT APPLICABLE

(Principal office address MUST BE A STREET ADDRESS)

NOT APPLICABLE

NOT APPLICABLE

Enter new mailing address, if applicable:

NOT APPLICABLE

(Mailing address MAY BE A POST OFFICE BOX)

NOT APPLICABLE

NOT APPLICABLE

**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:

YOUR DREAM MULTISERVICES CORP

New Registered Office Address:

8300 NW 53RD ST SUITE 350

*Enter Florida street address*

MIAMI

City

, Florida 33166

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.*

*Isamar Torres*

If Changing Registered Agent, Signature of New Registered Agent

(((H23000281868 3)))

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

((H23000281868 3))

Title	Name	Address	Type of Action
AMBR	MARLENE GODOY V.	875 WESTWARD DR	<input checked="" type="checkbox"/> Add
		MIAMI SPRINGS, FLORIDA 33166	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

NOT APPLICABLE

E. Effective date, if other than the date of filing: \_\_\_\_\_ (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 AUGUST 14TH, 2023

Alexis J. Morales Hernandez  
Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member:

ALEXIS J MORALES HERNANDEZ

Typed or printed name of signee

((H23000(1281868.3))

**Filing Fee: \$25.00**