

9/1/23, 4:39 PM

Division of Corporations

L23000277027

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

(((H230003060123)))

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(((H230003060123)))



H2300030601234BCR

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To:

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

From:

Account Name : YOUR DREAM SERVICES CORP.
Account Number : I20200000137
Phone : (786)560-8108
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@yourdreamms.com

LLC AMND/RESTATE/CORRECT OR O/D RESIGN
M&R UNION GROUP LLC

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

SEP 06 2023

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(((H230003060123)))

COVER LETTER

TO: Registration Section
Division of Corporations

((11230003060123))

SUBJECT: M&R Union Group LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees) 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

Name of Person

at ()

Area Code

NOT APPLICABLE

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

((11230003060123))

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

(((1123000306012 3)))

M&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 123000277027.

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:

9554 NW 41ST ST

Enter Florida street address

DORAL

City

Florida 33178

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

(((1123000306012 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:

((11230003060123))

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	MARLENE GODOY V.	875 WESTWARD DR	☐ Add
		MIAMI SPRINGS, FLORIDA 33166	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

((11230003060123))

☐ Change

Filing Fee: \$25.00