

L23000338736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

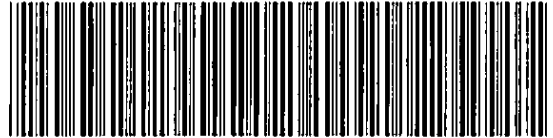
(Business Entity Name)

(Document Number)

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2023 AUG 18 PM 12:40
DIVISION OF CORPORATIONS
STATE OF ALABAMA

08/18/23

R. HUNT

08/18/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MJ NORTHGROVE, 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:

MATTHEW J. MONAGHAN, ESQ.

Name of Person

GMTB LAW

Firm/Company

96 WILLARD STREET, STE. 302

Address

COCOA, FL 32922

City/State and Zip Code

dJosefina19@gmail.com

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

For further information concerning this matter, please call:

JOSEFINA A. DOMINGUEZ DE RIVAS

321 431-7262
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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DIVISION OF STATE
CORPORATIONS

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

MJ NORTHGROVE, 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 JULY 18, 2023 and assigned
Florida document number L23000338736.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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)

125 OAK GROVE LANE

MERRITT ISLAND, FL 32952

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

125 OAK GROVE LANE

MERRITT ISLAND, FL 32952

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: JOSEFINA A. DOMINGUEZ DE RIVAS

New Registered Office Address: 125 OAK GROVE LANE

Enter Florida street address

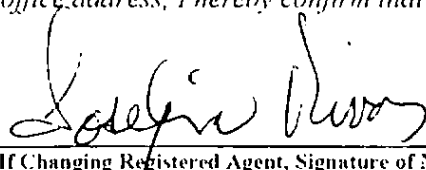
MERRITT ISLAND, Florida 32953

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>
AMBR	Josefina A. Dominguez de Rivas	125 Oak Grove Lane	<input checked="" type="checkbox"/> Add
		Merritt Island, FL 32952	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Manuel D. Rivas	125 Oak Grove Lane	<input checked="" type="checkbox"/> Add
		Merritt Island, FL 32952	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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CORPORATION

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

N/A

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DEPT. OF STATE
DIVISION OF CORPORATIONS

E. Effective date, if other than the date of filing: 7/18/2023 (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

August 16th 2023

Josefina A. Dominguez de Rivas

Signature of a member or authorized representative of a member

JOSEFINA A. DOMINGUEZ DE RIVAS

Typed or printed name of signee

Filing Fee: \$25.00