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(Requestor's Name)
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PICK-UP WAIT MAIL
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'JAN 0 6 **S. PRATHER**

COVER LETTER

TO: Registration Section

Division of Co	rporations		
	ANAGEMENT LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
		-	
riease return an correspo	ondence concerning this matter	to the following.	
	MANUEL GOMEZ		
		Name of Person	······································
	MPMG MANAGEMENT	LLC	
		Firm/Company	
	7901 4TH STREET NOR	TH SUITE 300	
		Address	
	ST PETERSBURG, FL 33	702 US	
		City/State and Zip Code	<u></u> _
	manuelr.gomezb@gmail.co	m to be used for future annual report no	((C
			uncation)
For further information c	concerning this matter, please e	air;	
MANUEL GOMEZ		305 215-3981	
Name o	of Person	Area Code Daytii	ne Telephone Number
Enclosed is a check for t	he 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	Street Address: Registration Se Division of Co	
Division of C P.O. Box 632	-	The Centre of	•
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MPMG MANAGEMENT LLC		- 23
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	iny as it now appears on our rec Liability Company)	cords.) 22
he Articles of Organization for this Limited Liability Company lorida document number L23000496205	were filed on 10/31/2023	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
implicio Strategies, LLC		
ne new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "I	.LC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	9555 SW 175th Terrace, Su	nite 646, Miami, FL, 33157
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	9555 SW 175th Terrace, Su	nite 646, Miami, FL, 33157
. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ent</u>	ter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	tress
		Florida
	Ciņ	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

or remove	d from our records:		
MGR = 1	Manager		
AMBR = .	Authorized Member		

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			☐Change
		· · · · · · · · · · · · · · · · · · ·	□Add
			□Remove
			□Change
			□Add
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		 ,	☐ Change
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			□Remove
			□Change

etive date, if other than the date of filing:					
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