

5/20/24, 4:19 PM

Division of Corporations

Florida Department of State

H240001808573

Division of Corporations

Electronic Filing Cover Sheet

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(((H240001808573)))



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To:

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

From:

Account Name : MORISON TAX TEAM LLC
Account Number : I20200000187
Phone : (786)757-2436
Fax Number : (786)513-5977

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MR C 1703 LLC

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

T. LEMIEUX

MAY 28 2024

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER**H240001808573****TO: Registration Section
Division of Corporations****MR C 1703 LLC****SUBJECT:** _____
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:

JESUS LEON_____
Name of Person**SACONSA GROUP LLC**_____
Firm/Company**3625 NW 82 Avenue Suite 100-K**_____
Address**DORAL, FL 33166**_____
City/State and Zip Code**JESUSLEONTERAN@GMAIL.COM**_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JESUS LEON**786 7572436**_____
Name of Personat ()
Area Code_____
Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input 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/COURIER ADDRESS:**Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301**H240001808573**

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

H240001808573

MR C 1703 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 01/10/2024 and assigned
Florida document number L24000023849.

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)

3625 NW 82ND AVE

SUITE 318 DORAL,

FL 33166

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3625 NW 82ND AVE

SUITE 318 DORAL,

FL 33166

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:

New Registered Office Address:

Enter Florida street address

Florida

City

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

H240001808573

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

H240001808573

Title	Name	Address	Type of Action
AMBR	VILLEGAS MOLINA, JUAN C	3625 NW 82ND AVE	<input type="checkbox"/> Add
		SUITE 318 DORAL,	<input type="checkbox"/> Remove
		FL, 33186	<input checked="" type="checkbox"/> Change
AMBR	Salazar Cachima, MERYDIXI J	231 Snapdragon way	<input type="checkbox"/> Add
		Allentown	<input type="checkbox"/> Remove
		pa 18104	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<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
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

H240001808573

E. Effective date, if other than the date of filing: _____ (optional)

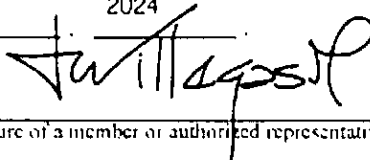
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 MAY 15

2024



Signature of a member or authorized representative of a member

JUAN C VILLEGAS MOLINA

Typed or printed name of signer

H240001808573