

L21100194240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

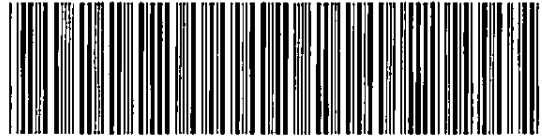
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600432963046

37.11.24--0152--011 **25.01

2024 11 AM 10:16
CLAUDE STATE
LAUSSEE, FL

67/12/24

COVER LETTER

TO: Registration Section
Division of Corporations

ML FINANCE GROUP 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:

MARIELA LINARES

Name of Person

MARIELA LINARES

Firm/Company

8095 NW 8 ST Suite 404

Address

MIAMI 33126

City/State and Zip Code

marielalifeProtection@gmail.com

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

FILED
JAN 12 AM 10:16
TALLAHASSEE, FL

For further information concerning this matter, please call:

MARIELA LINARES

786 603-3503
at ()

Name of Person

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

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

ML FINANCE 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 04/25/2024 and assigned Florida document number L24000194040.

This amendment is submitted to amend the following:

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

ALL STAR FINANCE GROUP LLC

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)

MARIELA LINARES

8095 NW 8 ST Suite 404

Miami FL 33126

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

MARIELA LINARES

New Registered Office Address:

8095 NW 8 ST Suite 404

Enter Florida street address

Miami

City

Florida 33126

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>
MGR	MARIELA LINARES	8095 NW 8 ST Suite 404	<input checked="" type="checkbox"/> Add
		Miami FL 33126	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MG	MILDANNY SEGOVIA	8095 NW 8 ST Suite 404	<input checked="" type="checkbox"/> Add
		Miami FL 33126	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FLORIDA STATE
ARCHIVE, FL.
13 AM 10:17

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

Company Information Update and New Appointment

Name ModificationAddress Update:Add a new manager

2 AM 10:17
DEPT. OF STATE
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: 07/01/2024 **(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 July , 01 , 2024

Signature of a member or authorized representative of a member

Maicela Linares
Typed or printed name of signee