

L2400035326304776

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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H240003553263ABC

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

From: Account Name : MIAMI BUSINESS SOLUTIONS, INC.  
Account Number : I20170000045  
Phone : (786)546-4490  
Fax Number : (800)323-1074

FILED  
 2024 OCT 24 PM 2:58  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

2024 OCT 24 PM 3:55  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

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

Email Address: eduardo@mbs taxes.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
PENTA GLOBAL GROUP LLC**

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

### COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: PENTA GLOBAL GROUP 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:

**EDUARDO MIRALLES**

Name of Person

**MIAMI BUSINESS SOLUTIONS INC**

Firm/Company

**1651 SANDY SPRINGS DR**

Address

**FLEMING ISLAND, FL 32003**

City/State and Zip Code

**EDUARDO@MBSTAXES.COM**

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

For further information concerning this matter, please call:

**EDUARDO MIRALLES**

786 546-4490

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 &  
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\$55.00 Filing Fee &  
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(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

PENTA GLOBAL 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 07-11-2024 and assigned Florida document number L24000304776.

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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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2024 OCT 24 PM 2:08  
REGISTRY OF STATE

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

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	WASHINGTON CERVINO	1651 SANDY SPRINGS DR	<input type="checkbox"/> Add
		FLEMING ISLAND, FL 32003	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GONZALO GONCALVES	1651 SANDY SPRINGS DR	<input checked="" type="checkbox"/> Add
		FLEMING ISLAND, FL 32003	<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.)*

Lined area for amending information.

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 805.0207 (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 October 24<sup>th</sup> 2024

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member.

CESAR H GONCALVES (AMBR)

\_\_\_\_\_  
Typed or printed name of signer

Filing Fee: \$25.00