

7/16/24, 7:25 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(FH24000241881311)



FH24000241881311

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : PLATINUM TAX FILING INC
Account Number : 120238000076
Phone : (305)644-9144
Fax Number : (305)489-5914

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

Email Address: MATIASNUTRITION@GMAIL.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MAFEZ GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

RECEIVED

2024 JUL 24 PM 4:14

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2024 JUL 24 PM 3:07
DEPT. OF STATE

Electronic Filing Menu

Corporate Filing Menu

Help

T. LEMIEUX

JUL 25 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAFEZ 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:

DALBIS MATOS
Name of Person
PLATINUM TAX FILING INC
Firm/Company
1770 WEST FLAGLER ST STE 5
Address
MIAMI, FL 33135
City, State and Zip Code
DALBIS@ASLANTAXSERVICE.COM
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

DALBIS MATOS 305 644-9144
Name of Person at (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

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	Miguel Alderete Chareun	10621 SW 111TH ST	☐ Add
		MIAMI, FL 33176	☒ Remove
			☐ Change
AMBR	Fernando M Alderete Chareun	10621 SW 111TH ST	☒ Add
		MIAMI, FL 33176	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

[illegible]

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 01/16, 2024

x

Signature of a member or authorized representative of a member

MATIAS N IRLA

Typed or printed name of signee

Filing Fee: \$25.00