

L25 000028406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

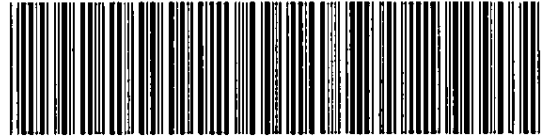
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

2025 APR 17 PM 4:28

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 21, 2025

LYDIA E ARVELO
12565 ORANGE DRIVE
SUITE 403
DAVIE, FL 33330

SUBJECT: PARTNERS GROUP OF MBC LLC
Ref. Number: L25000028406

We have received your document for PARTNERS GROUP OF MBC LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

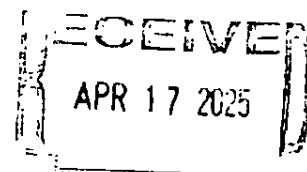
The current name on the Articles of Amendment is Partners Group of MBC LLC. In PART (D) The name does match. If you are changing the name of the LLC list the NEW NAME in part (a). You cannot have the Suffix Inc on an LLC.

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 625A00006112



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PARTNERS GROUP OF MBC 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:

LYDIA ARVELO

Name of Person

PARTNERS GROUP OF MBC LLC

Firm/Company

12565 ORNAGE DRIVE STE 403

Address

DAVIE, FL. 33330

City/State and Zip Code

Lydiaarvelo@live.com

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

For further information concerning this matter, please call:

Lydia Arvelo

954

579-3916

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**

FILED

PARTNERS GROUP OF MBC LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2025 APR 17 PM 4:28

TALLAHASSEE, FLORIDA
and assigned

The Articles of Organization for this Limited Liability Company were filed on 01/15/2025
Florida document number 1.25000028406

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)

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

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

PLEASE UPDATE THE AUTHORIZED MEMBER FIRST CHOICE PROFESSIONAL SERVICES Inc.
TO FIRST CHOICE PS INC.

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2025 APR 17 PM 4:28
TALLAHASSEE, FLORIDA

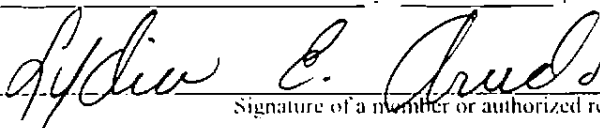
E. Effective date, if other than the date of filing: _____ (optional)

(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 March 31 2025



Signature of a member or authorized representative of a member

Lydia E Arvelo

Typed or printed name of signee