Florida Department

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.

(((H22000252443 3)))



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 : YOUR INSURANCE ATTORNEY PLLC

Account Number : I20210000200 Phone : (888)570-5677 Fax Number : (786)363-1992

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

MTP@YourInsuranceAttorney.com Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN :-MG HIALEAH PARTNER, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$30.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section of Corp.				•	
MG HIALEA	AH PARTNER, LLC	2			
30B/EC1.	Уаг	me of Limited L	iability Company		
The enclosed Articles of A	mendment and fee(s	i) are submitte	d for filing.		
Please return all correspond	dence concerning thi	is matter to the	e following:		
	Carlos Marin, Esq] .			
			Name of Person		
	Affiliated Lawyer	s, PLLC			
			Firm/Company		
	2601 S. Bayshore	Drive, 18th F	loor		
			Address		
	Coconut Grove, F	L 33133			
	0.571.4.11		y/State and Zip Co	ode	
	cm@affiliatedlawy		used for future ann	nual report notifics	tion)
For further information con		•			•
Carlos Marin, Esq.			305	374-0473	
Name of F	Person		Area Code	Daytimo T	elephone Number
Enclosed is a check for the	following amount				
■ \$25.00 Filing Fee	\$30.00 Filing Fe Certificate of S		\$55.00 Filing F Certified Copy (additional copy in	<i>t</i>	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Se Division of Cor P.O. Box 6327 Tallahassee, FI	porations		Regi Divis The	t Address: stration Sections sion of Corpor Centre of Tall N. Monroe S	rations
220020000000 1 2				hassee, FL 32	

Page: 5 of 8

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MG HIALEAH PARTNER, L	LC	
(Name of the	Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limit	ed Liability Company were filed on March 10, 2021	and assigned
Florida document number L21000115581	·	
This amendment is submitted to amend the	following:	
A. If amending name, enter the new nar	me of the limited liability company here:	
The new name must be distinguishable and contain	the words "Limited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if a	pplicable:	
(Principal office address MUST BE A ST	REET ADDRESS)	
'	 .	
Enter new mailing address, if applicable	,	
2 , 	-	
(Mailing address MAY BE A POST OFF)	(CE BOX)	
	or registered office address on our records, enter the	name of the new registere
agent and/or the new registered office ad	<u>Idress here</u> :	. .
·		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	N 71,
	Enter riorida street adaress	
	, Florida	
	City	- Bip Code
New Registered Agent's Signature, if change	ing 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 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

Title	<u>Name</u>	Address	Type of Action
MGR	MG MANAGER MIAMI, LLC	301 ALMERIA AVENUE, SUITE 330	
		CORAL GABLES, FL 33134	□Remove
			□Change
MGR	JENNY A DUCRET	301 ALMERIA AVENUE, SUITE 330	
		CORAL GABLES, FL 33134	≣Remove
			Change
			□Add
			□Remove
			Change
			□Add
			Пеньоче
	[Change
			□Add
			Remove
			☐ Change
			□Removė
			Change

f amending a	any other info	rmation enter	change(s) here	: (Attach additiona	l sheets, if ne ces	sary.)
			-			
						
						
	<u> </u>					
	 -	<u></u>				
						
						
				<u> </u>		-
			_			
			-		-	
		1				
		1				
						
		<u> </u>				
		1				
		1				
fective date,	, if other than 1	the date of filin	ıg:		(option	al)
rte: If the dat	te inserted in this		meet the applical			ing.) Pursuant to 605.020° ate will not be listed as
	≾ a delayed effe	ctive date; but no	et an effective tim	ne, at 12:01 a.m. on th	e earlier of: (b)	The 90th day after the
is filed.		\$ 6 =				
ted	<u> </u>	An	,)2022			
		A	~			
		Signature of a	member or author	zed representative of a	member	
		1		•		

Filing Fee: \$25.00