

9/1/22, 11:38 AM

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

L220003057781

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

(((H22000300574 3)))



H220003005743ABCX

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 : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)328-4774

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

Email Address: _____

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2022 SEP -1 AM 8:51

FILED

2022 SEP -1 PM 1:38

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MGGC LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

SEP -2 2022

SEP -2 2022

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MGGC 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 08/16/2022 and assigned
Florida document number L22000357781.

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

City

Florida

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

FILED
2022 SEP - 1 AM 8:51
CLERK OF CIRCUIT COURT
IN AND FOR THE STATE
OF FLORIDA

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	Maria Micaela Panagopulo	AV CAAMANO 3000	<input type="checkbox"/> Add
	Gruschka	LA CABALLERIZA LOTE 84	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Juan Ignacio Panagopulo Gruschka	AV CAAMANO 3000	<input type="checkbox"/> Add
		LA CABALLERIZA LOTE 84	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Catalina Isabella Piazzi Gruschka	AV CAAMANO 3000	<input type="checkbox"/> Add
		LA CABALLERIZA LOTE 84	<input checked="" 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

2022 SEP -1 AM 8:51

FILED

40013-355 2/12/17

69

2022 SEP -1 AM 8:51

7
8
9
10
11

Free trial only. Signed users: eSignOnline™ (\$ 99.00 / year) 400.536.7411 400.536.7411 400.536.7411