

A18 000 000 266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

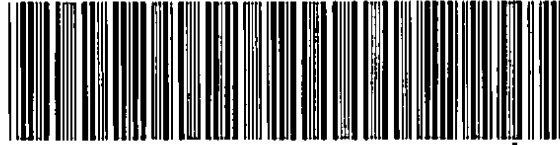
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S TALLANT

OCT 1 2020

*Cert.
at
Amend*

2020 OCT 13 AM 8:04



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020 OCT 1 11 51 AM CDT

October 1, 2020

ROSS D. KULBERG, ESQ.
SAAVEDRA-GOODWIN
312 SE 17TH STREET, SECOND FLOOR
FORT LAUDERDALE, FL 33316

SUBJECT: MCG-FR1, LLLP
Ref. Number: A18000000266

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE SIGN IN THE APPROPRIATE PLACES AND RESUBMIT ACCORDINGLY.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 220A00018926

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MCG-FRI, LLLP

Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Ross D. Kulberg, Esq.

Contact Person

Saavedra-Goodwin

Firm/Company

312 S.E. 17th Street, Second Floor

Address

Fort Lauderdale, Florida 33316

City, State and Zip Code

rkulberg@saavlaw.com

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

For further information concerning this matter, please call:

Ross D. Kulberg

at (954) 767-6333

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee

☐ \$61.25 Filing Fee
and Certificate of
Status

☐ \$105.00 Filing Fee
and Certified Copy

☐ \$113.75 Filing Fee,
Certified Copy, and
Certificate of Status

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

**CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF**

MCG-FRI, LLLP

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 06/29/2018, assigned Florida document number A18000000266, adopts the following certificate of amendment to its certificate of limited partnership.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited partnership or limited liability limited partnership here:

New name must be distinguishable and contain an acceptable suffix.

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:

New Principal Office Address:

(Must be *STREET* address)

New Mailing Address:

(May be post office box)

C. 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

2018 OCT 13 AM 8:04

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.

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

- (NOTE:** *If adding or removing "limited liability limited partnership" status, all general partners must sign this amendment.*)

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

Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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.

Signature(s) of a general partner or all general partners*:

(*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

BY: _____

Dionisio Nunes Freire Junior,
as manager of APIA
Investment Group, LLC.

Signature(s) of all new or dissociating general partner(s), if any:

BY: _____

Dionisio Nunes Freire Junior,
as manager of APIA
Investment Group, LLC.

BY: _____

Lucio Martins Rodrigues, as
manager of Malta Capital
Group, LLC.

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75