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Office Use Only



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OCT 1 3 2022 S. PRATHER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: M. G. Credit Inc.		
DOCUMENT NUMB	ER: 193971		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Cliff Mau		
•		Name of Contact Person	
	MG Credit		
		Firm/ Company	
	5115 San Juan Ave		
		Address	
	Jacksonville, FL 32210		
		City/ State and Zip Code	
	cliff@mgcredit.com		
	E-mail address: (to be us	ed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Cliff Mau		at (904	387-6503 x6165
Name o	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	iriment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ing Address endment Section sion of Corporations Box 6327 phassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment

to

Articles of Incorporation of

to

M. G. Credit Inc.			12.	ال ج
(Name o	of Corporation as currentl	y filed with the Florida Dept. of State)	38.	
J93971			1215- 1211- 121-	<u>.</u>
	(Document Number o	f Corporation (if known)	17 (/·	Œ
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the follo	QT.	က uquicit(s ထဲ
A. If amending name, enter the new na	ame of the corporation:			
na			The	new
	Corp." "Inc." or "Co"	company," or "incorporated" or the abbrev A professional corporation name must co		
B. Enter new principal office address,	if applicable:	5115 San Juan Ave		
(Principal office address MUST BE A S		Jacksonville, FL 32210		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)				
D. If amending the registered agent ar new registered agent and/or the new			<u> </u>	
Name of New Registered Agent	Clifford Mau			
	5115 San Juan Ave Jackso	onville, FL 32210		
	(Florida sti	reet address)		
New Registered Office Address:		, Florida		
		(City)	(Zip Code)	
	tered agent. I am familiar	: with and accept the obligations of the posit. Cegistered Agent, if changing	ion.	
	Signature of New R	egimerea Ageni, ij changing		
Check if applicable				

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith. SV as an Add.

X Change	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	Р	Marguerite Gilliam	618 Cherry Grove
Add			Orange Park, FL 32073
X Remove			
2) Change	Р	Clifford Mau	2475 Cypress Springs Rd
X Add			Orange Park, FL 32073
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amendin (Attach add	or adding additional Articles, enter change(s) here: ional sheets, if necessary). (Be specific)
We would lik	to ammend our aticles of incorporation to reflect Marguerite Gilliam is retiring and Clifford Mau will be ta
Everything el	will remain the same.
•	
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F. <u>If an amei</u>	ment provides for an exchange, reclassification, or cancellation of issued shares,
<u>provision</u>	for implementing the amendment if not contained in the amendment itself: applicable, indicate N/A)
n/a	
	

The date of each amendment(s) a	doption: 7/08/2022	, if other than t
ate this document was signed.		
Effective date if applicable: 7/08	3/2022	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this be ocument's effective date on the Do	block does not meet the applicable statutory filing requirements, this date with epartment of State's records.	ll not be listed as t
doption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder action an	d shareholder
The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes east for the amendment(s) officient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	F. 28
by <u>n∕a</u>		
	(voting group)	1992 JUL 15 PM 6: 23 ALLAHÄSSEETFLORIÐA
		SSE
Dated_7/08/2022		
Dateu		
Signature	Wh Ma_	SE 50
(By a d	irector, president or other officer – if directors or officers have not been	23
	d, by an incorporator – if in the hands of a receiver, trustee, or other court	
appoin	ted fiduciary by that fiduciary)	
	Clifford Mau	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	