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ALLAHASSEE, FLORID.

COVER LETTER

Division of Corporations
SUBJECT: MGFFRAMINGLEC
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:
Mario Fernandez Name of Person MCFFRAMINALIC
Name of Person
Mario Fernandez Name of Person MGFFRAMINALL Firm/Company Of #3
ramecompany 22
3424 OID ST Augustine Rd #31
Tallahassee F1. 32311 City/State and Zip Code
mgfframing I/c@yahoo, com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mario Fernandez at 850 695-6102 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \Bigcup \\$55.00 Filing Fee & \Bigcup \\$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & \Bigcup \\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MGFFKAN	MINGLL	
(<u>Name of the Limited I</u> (A I	Jability Company as it now appears on our londa Limited Liability Company)	records.)
The Articles of Organization for this Limited Liabilifordia document number <u>LO5000</u> This amendment is submitted to amend the following	445.86	4-2018 and assigned
		2
A. If amending name, enter the new name of the	e limited liability company here:	温 和
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable		무역 로 다
Principal office address MUST BE A STREET A	IDDRESS)	7. F. 29
	·	5ñ 9
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	0	ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	t 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

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 = Au	thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGMR	Matthew J. Fenn	Address 3424 Old St Augustine RO#31 Tallahassee, Fl.	Add
		Tallahassee, Fl.	□ Remove
		32311	Change
		A P	Add 211 Aremove
			OV Property
			And 2.9
			□ Remove
			Change
			🗆 Add
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Filing Fee: \$25.00