1/25/22, 2:31 PM

Division of Corporations



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(((H22000032500 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GASSMAN, CROTTY & DENICOLO, P.A.

Account Number : 075350000514 : (727)442-1200 Phone

: (727)443-5829 Fax Number

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

Fm 2 1 l	Address:			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN M.G.S., L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

\*\*\*PLEASE SEE ATTACHED REINSTATEMENT FILING UNDER FAX AUDIT #H22000032491 3 TO BE FILED SIMULTANEOUSLY WITH THIS NAME CHANGE FILING\*\*\*

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Corporate Filing Menu

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FEB 07 2022

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION Audit Fax# H22000032500 3

**OF** M.G.S., L.L.C. (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 07/01/2005 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: M.G.S. 2022, L.L.C. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Enter Florida street address

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:

Audit Fax# H22000032500 3

MGR =	Manager	
AMBR =	Authorized	Member

Title	<u>Name</u>	Address	Type of Action
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			LIRemove
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Note: If	date, if other the date is listed, the the date inserted it is effective date of	in this block do	es not meet	the applicabl	date of filing or le statutory fil	more than 90 da ling requiremen	(optional) ys after filing.) Ponts, this date wi	ursuant to 605.0207 Il not be listed as
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