

206000068366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

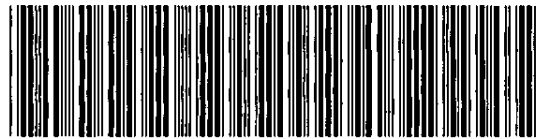
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

206-68366



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10/24/08--01012--016 **25.00

03 OCT 24 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

M. THOMAS

OCT 27 2008

EXAMINER

Southern ESCROW AND TITLE

Seacrest Beach Office
850.213.5100
Fax 850.213.5101
www.southernescrow.com
10343 E. Co. Hwy. 30-A
Suite 103
Seacrest Beach • FL • 32413

October 23, 2008

Sir/Madam
Registration Section,
Division of Corporation
2661 Executive Center Circle,
Clifton Building
Tallahassee, FL 32301-502

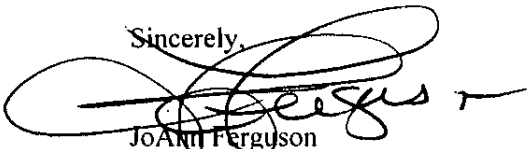
Re: Buyer: MG, LLC, a Florida Limited Liability Company

Dear Sir/Madam:

Please find enclosed check number 1264 in the amount of \$25.00 issued by Chamber Street Builders for the filing fee to file the attached Articles of Amendment for MG, LLC. Please process immediately.

Should you have any questions please do not hesitate to contact me.

Sincerely,


JoAnn Ferguson
Escrow Officer/Manager

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 OCT 24 AM 11:17

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MG LLC
(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:

LARRY M. GUTKIN
(Name of Person)

MG, LLC
(Firm/Company)

44 CROSSVINE CIRCLE
(Address)

SANTA ROSA BEACH FL 32459
(City/State and Zip Code)

For further information concerning this matter, please call:

LARRY M. GUTKIN at 847, 826-8825
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &
Certificate of Status

\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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MAILING ADDRESS:
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**

MG, 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 07/07/2006 and assigned Florida document number 286000068366

This amendment is submitted to amend the following:

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

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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:

N/A

New Registered Office Address:

(Enter Florida street 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 608, 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.

N/A

(If Changing Registered Agent, Signature of New Registered Agent)

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TALLAHASSEE, FLORIDA
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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

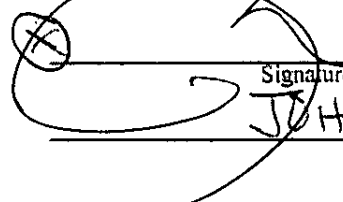
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LARRY M. GUTKIN	5892 RFD LONG GROVE, IL 60047	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	JOHN P. CARROLL	P.O. BOX 613524 WATERSOND FL 32461	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

N/A

09 OCT 24 AM 11:17
 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated 23, OCTOBER 2008



Signature of a member or authorized representative of a member

JOHN P. CARROLL

Typed or printed name of signee