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SECRETARY OF STATE
TALL AHASSEF, FLORIDA

J. BRYAN

SEP 22 2009

EXAMINER

COVER LETTER

TO: Registration S Division of Co	ection rporations		
SUBJECT:	MGI DOVE Name of Limit	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Shaw SMGT	Name of Person Novations Firm/Company	OSSEP 21 PH SECRETARY OF TALLAHASSEE.
	3308	VE 23 Ct Address	PR 2: 14 SEE, FLORIDA
	Ocala P Mag M E-mail address: (1	City/State and Zip Code O O O O O O O O O O O O O O O O O O O	COM tion)
For further information	concerning this matter, please c	all:	
Shown C Name	of Person	at (<u>352) 817 - 370</u> Area Code & Daytime T	o 7 elephone Number
Enclosed is a check for t	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)
	ANG A PROPERCY	STREET/COLUNIE	A ADDRESS.

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

(Name of the Limited Liability (A Florida Liability)	Ompany as it now appropried Liability Company	S. L.C.	RY OF FLOW
The Articles of Organization for this Limited Liability Con Florida document number 27073657- L0900077926 This amendment is submitted to amend the following:	mpany were filed on _	•	and assigned
A. If amending name, enter the new name of the limite	ed liability company h	ere:	
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Con	pany," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:		<u> </u>	
(Principal office address MUST BE A STREET ADDRE	<u></u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office addre		our records, <u>enter</u>	the name of the new
Name of New Registered Agent:	·····		
New Registered Office Address:		Enter Florida street ad	dress
	. 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.

If Changing Registered Agent, Signature of New Registered Agent

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 Title Address Type of Action Name Brenda Miller MSRM 3125 NE 344 ST Remove 3447 ☐ Add Remove ☐ Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00