4/0000041265

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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T SCHROEDER

COVER LETTER

TO: Registration Division of C			
	1, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Pedro F. Martell, Esquire		
		Name of Person	
	Pedro F. Martell, P.A.		
		Firm/Company	
	9485 S.W. 72nd Street, Su	ite A-265	
		Address	
	Miami, Florida 33173		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information	n concerning this matter, please c	all:	
Pedro F. Martell		305 275-0077 at ()	
Nam ,	e of Person	Area Code Daytimo	: Telephone Number
Enclosed is a check fo	r 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)

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-01, L	LC	
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company we Florida document number L10000041265	ere filed on <u>04/16/2010</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "L1.C" or the at	obreviation "L.L.C."
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 here:	ce address on our records, enter	the name of the nev
Name of New Registered Agent:		□
New Registered Office Address:	Enter Florida street address Florida	
	City	Zip Codes
New Registered Agent's Signature, if changing Registered Agent:		<u></u>
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as po- being filed to merely reflect a change in the registered office of	performance of my duties, and 1 am rovided for in Chapter 605, F.S. Or	jamuiar wun ana c, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	CARLOS A. ESPINOSA	2085 Arch Creek Drive North Miami, FL 33181	Add
			■ Remove
			Change
MGRM	LAZARO ESPINOSA	1743 W. 62 Street Hialeah, Fl. 33012	■ Add
			□ Remove
			Change
			□ Add
			Remove
			□ Change
			Add & Remove 1
			☐ 7 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			Granger ;
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			Change
			□ Add
			☐ Remove
			☐ Change

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<u>:</u> If	e date, if other than the date of five date is listed, the date must be specific the date inserted in this block does not's effective date on the Department	ot meet the applicable sta	of filing or more than 90 days af atutory filing requirements, t	otional) ler filing.) Pursuant to 605 his date will not be liste
ecor	rd specifies a delayed effectiv Oth day after the record is file	e date, but not an ϵ	effective time, at 12:01	l a.m. on the earlie
d	NOV. 12	2018		
	Signature o	of a member or authorized re	epresentative of a member	₹6
				20 × 70

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Filing Fee: \$25.00