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SECRETARY OF STATE

J. SAULSBERRY EXAMINER

NOV 26 2012

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

MMGF ACQUISITION, 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:

ALAN J. MARCUS

Name of Person

ALAN J. MARCUS, ESQ.

Firm/Company

20803 BISCAYNE BOULEVARD, SUITE 301

Address

AVENTURA, FL 33180

City/State and Zip Code

ALAN@ALANJMARCUS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALAN J. MARCUS

Name of Person

_{.,/}305、937-1800

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)

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

MMGF ACQUISITION, LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records a Limited Liability Company)	<u>.</u>
The Articles of Organization for this Limited Liability Florida document number L1000053213	Company were filed on 05/18/2010	and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the li		
The new name must be distinguishable and end with the v'L.L.C."	vords "Limited Liability Company," the designat	ion "LLC" or the abbreviatio
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>		FILED RNOV 21 AN 8-51 ECRETARY OF STATE LLAHASSEE, FLORIO
B. If amending the registered agent and/or regregistered agent and/or the new registered office a		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	et address
	, Floric	la
	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 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>	Name	Address	Type of Action
MGR	GABRIEL NAVARRO	9155 S. DADELAND BOULEVARD	Add
		SUITE 1216	Remove
		MIAMI, FL 33156	_ ,
MGR	GABE NAVARRO	9155 S. DADELAND BOULEVARD	Add
		SUITE 1216	Remove
		MIAMI, FL 33156	•
			Add
			Remove
		SECRETARY TALL AHASSEI	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
		OF STATE E. FLORIDA	Remove
			Add
			Remove
			Add
			Remove

	////
ed November	19 . 2012
	Signature of a member draution teat representative of a member Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE