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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: MGA EQUITY LLC Name of Limited Liability Company			
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:			
GABOD J. MAROUEZ Name of Person			
MGA EQUITY LLC Firm/Company			
Firm/Company			
1000 BRICKELL AVEWUE SUITE 225			
MIAMI, FLORIDA 33131 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
G430R J. MARQUEZ at (305) 721 4283			
Name of Person Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$55.00 Filing Fee & S60.00 Filing Fee, 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

MG4 E	GUITY	LLC
(Name of the Limited	Liability Comp Florida Limited	pany as it now appears on our records.) Liability Company)
	iability Compan	by were filed on $\frac{10/29/2010}{29/2010}$ and assigned
This amendment is submitted to amend the follow.	owing;	
A. If amending name, enter the new name of		
The new name must be distinguishable and end wit "L.L.C."	th the words "Lin	mited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applic	able:	N/4
(Principal office address MUST BE A STREE	T ADDRESS)	<u>'</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/registered agent and/or the new registered of	or registered (office address on our records, enter the name of the new
Name of New Registered Agent:	N/4	TAS -
New Registered Office Address:	N/A	Enter Florida street address ω
	- W/4	City, Florida Affic To The Code
New Registered Agent's Signature, if changing I	Registered Agen	TATE LORIDA
the provisions of all statutes relative to the p accept the obligations of my position as regi	roper and com stered agent as registered offic	gree to act in this capacity. I further agree to comply with aplete performance of my duties, and I am familiar with and s provided for in Chapter 608, F.S. Or, if this document is ce address, I hereby confirm that the limited liability

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 **Name Address Type of Action** MGRM MAA CAPITALLLC Remove Remove ☐ Add Remove Remove □Add Remove ∭Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated gnature of a member or authorized representative of a member MARQUEZ FOR MARVES HOLDINGS LLC
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00