

L110000 40605

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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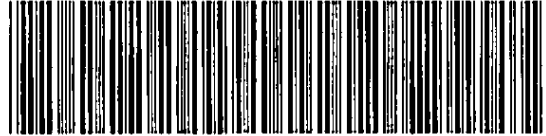
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MANAGEMENT GROUP INTERNATIONAL, 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:

LOUIS A CIOTTI

Name of Person

MANAGEMENT GROUP INTERNATIONAL, LLC

Firm/Company

3030 N ROCKY POINT DR W #150

Address

TAMPA, FL 33607-7200

City/State and Zip Code

tciotti@4mgi.com

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

For further information concerning this matter, please call:

Tony Ciotti

818

975-7500

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MANAGEMENT GROUP INTERNATIONAL, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2021-02-29 11:09:02

The Articles of Organization for this Limited Liability Company were filed on 04/05/2011 and assigned
Florida document number L11000040605.

This amendment is submitted to amend the following:

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

4MGI.COM LLC

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

Enter new principal offices address, if applicable:

3030 N ROCKY POINT DR W #150

(Principal office address MUST BE A STREET ADDRESS)

TAMPA, FL 33607-7200

Enter new mailing address, if applicable:

3030 N ROCKY POINT DR W #150

(Mailing address MAY BE A POST OFFICE BOX)

TAMPA, FL 33607-7200

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:

New Registered Office Address:

3030 N ROCKY POINT DR W #150

Enter Florida street address

TAMPA

City

Florida 33607-7200

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 605, 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 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>	<u>Type of Action</u>
MGR	LOUIS A CIOTTI	12157 W LINEBAUGH AVE #420	<input type="checkbox"/> Add
		TAMPA, FL 33626	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	JENNIFER A COOK	12157 W LINEBAUGH AVE #420	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33626	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated JANUARY 25 2020

Signature of a member

Signature of a member or authorized representative of a member

LOUIS A CIOTTI

Typed or printed name of signee