

L11000052995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

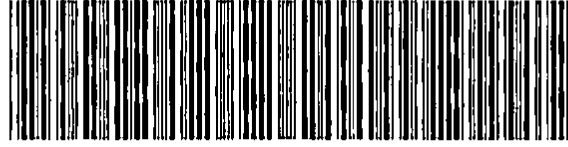
(Business Entity Name)

(Document Number)

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SECTION OF THE  
FALL PROSPECT FUND

2019 JAN 29 PM 3:15

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D. BRUCE  
FEB 04 2019

# COVER LETTER

Registration Section  
Division of Corporations

OBJECT: MG 100 LLC  
Name of Limited Liability Company

enclosed Articles of Amendment and fee(s) are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Badiana Garcia  
Name of Person  
STOK ~~WOLK~~ + KON  
Firm/Company  
18851 NE 29 AVE SUITE 1005  
Address  
AVENTURA, FL 33180  
City/State and Zip Code  
GILL4U3@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

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2019 JAN 29 PM 3:16  
TALLAHASSEE, FLORIDA  
STATE

For further information concerning this matter, please call:

ADIANA GARCIA at (305) 9354440 BGARCIA@STOKLAW.COM  
Name of Person 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**

MG 100 LLC

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

Articles of Organization for this Limited Liability Company were filed on 05/05/2011 and assigned  
file number L11000052995

This amendment is submitted to amend the following:

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

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:**

**(Principal office address MUST BE A STREET ADDRESS)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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: \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida

City

\_\_\_\_\_,  
Zip Code

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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**

nending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added  
removed from our records:

R = Manager  
BR = Authorized Member

<u>g</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
RM	MENASHE GILL	701 NW 88 AVE	<input type="checkbox"/> Add
		PEMBROKE PINES, FL 33024	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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CLERK OF DISTRICT COURT  
PALM BEACH COUNTY, FLORIDA

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

LAST NAME OF MANAGING MEMBER IS SPELLED INCORRECTLY. IT SHOULD BE GILL, NOT GIL.

Multiple horizontal lines for amending information.

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2019 JAN 29 PM 3:16  
STATE OF MICHIGAN  
DEPARTMENT OF STATE  
LANSING, MICHIGAN

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.

the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
) The 90th day after the record is filed.

Dated JANUARY 22, 2019

Signature of a member or authorized representative of a member

MENASHE GILL

Typed or printed name of signee