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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

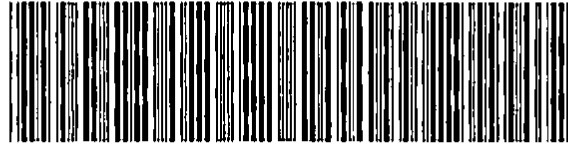
(Business Entity Name)

(Document Number)

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SEATTLE
FALL APPELLATE COURT

D. BRUCE
FEB 04 2019

COVER LETTER

Registration Section
Division of Corporations

SUBJECT: 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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JAN 29 2019
TALLAHASSEE, FL 32301

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For further information concerning this matter, please call:

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

MG 100 LLC

Page 1 of 3

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>e</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
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CLERK OF DISTRICT COURT
ALLEN 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.

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RECEIVED
STATE OF NEW YORK
DEPARTMENT OF STATE

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

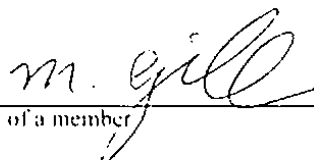
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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