L11000052995

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
ified Copies	_ Certificates	of Status
ecial Instructions to	Filing Officer:	

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2019 JAN 29 PH 3: 15



COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

MG 100 L JECT:				
JECT:		ited Liability Company	.	
enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
se return all correspo	ondence concerning this matter	to the following:		
	Badiana Garcia			
		Name of Person		
	STOK FOLK + KON			
	· · · · · · · · · · · · · · · · · · ·	Firm/Company		
	18851 NE 29 AVE SUITE	1005		
	-	Address		
	AVENTURA, FL 33180			2019 JAN 2.9 1/X1 (7/31/X5%)
	GILL4U3@GMAIL.COM	City/State and Zip Code		AM 2
	-	to be used for future annual report notif	ication)	1 - 3 - 4
r further information e	oncerning this matter, please ca	all:		7
ADIANA GARCIA		305 9354440 BG	ARCIA@STOKL:	W. Gr.
Name o	f Person	Area Code Daytime	: Telephone Number	
closed is a check for the	ne following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &
Registr Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURI Registration Section Division of Corpora Clifton Building	n	

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MG 100 LLC

company has been notified in writing of this change.

(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
Articles of Organization for this Limited Liability Comparida document number L11000052995	ny were filed on <u>05/05/2011</u>	and assigned
s amendment is submitted to amend the following:		
If amending name, enter the new name of the limited lia	ability company here:	•
new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or	the abbreviation "L.L.C."
ter new principal offices address, if applicable:		
incipal office address MUST BE A STREET ADDRESS)		
iter new mailing address, if applicable: **Idiling address MAY BE A POST OFFICE BOX** **Idiling address MAY BE A		
If amending the registered agent and/or registered gistered agent and/or the new registered office address he		nter the name of the n
Name of New Registered Agent:		3 5
New Registered Office Address:	Enter Florida street address	-0
		<u> </u>
	, Florid	Tip Code
w Registered Agent's Signature, if changing Registered Agen	<u>ıt:</u>	·
ereby accept the appointment as registered agent and as	gree to act in this capacity. I furthe	r agree to comply with i

If Changing Registered Agent, Signature of New Registered Agent

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

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

R = Manager

BR = Authorized Member

<u>e</u>	<u>Name</u>	Address	Type of Action
RM	MENASHE GILL	701 NW 88 AVE	□ Add
		PEMBROKE PINES, FL 33024	Remove
			_ ■ Change
			Add
			☐ Remove
			□ Change
			□ Add
			☐ Remove
			Change A C C C C C C C C C C C C C C C C C C
			Change Add
			Remove
			Change
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LAST NAME OF MANAGIN	G MEMBER IS SPELL	ED INCORREC'I	ALY. IT SHOULI	D BE GILL, NO	T GIL.	***
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ctive date, if other than the deflective date is listed, the date must be. If the date inserted in this blocument's effective date on the Dep	ck does not meet the appl	licable statutory f	or more than 90 day iling requirement	(optional) s after filing.) Purs is, this date will i	uant to 60 not be lis	15 020 ited a:
ecord specifies a delayed one 90th day after the recor		not an effectiv	'e time, at 12:	:01 a.m. on t'	he earl	ier o
d JANUARY 22	2019	<u>-</u>		4		
	Signature of a member or au	·	m. G	ill		
<u> </u>	donature of a member or ac	thorized represents	tive of a marsher t			
.1	rigitation of a member of at	min wed represent	active on a memocr			

Page 3 of 3

Filing Fee: \$25.00