L12000023245

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SECRETARY OF STATE

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COVER LETTER

TO: Registration Section **Division of Corporations** STUKINABOX 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: Marcos Garcia Name of Person Firm/Company 9655 Boyett Ct Address Fairfax, VA 22032 City/State and Zip Code mgarcia85@icloud.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Marcos Garcia Area Code & Daytime Telephone Number Name of Person

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,
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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

FILED.

2013 NOV 15 PM 12: 43

SECRETARY OF STATE TALLAHASSEE, FLORIDA

STUKINABOX LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on out Liability Company)	r records.
The Articles of Organization for this Limited Liability Company Florida document number L12000023245	were filed on <u>02/17/20</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	oility company here:	
MGX LLC		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	12111 SW 93rd	St
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33186	***************************************
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	12111 SW 93rd 8 Miami, FL 33186	" · · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	e:	
	Enter Flor	ida street address
·	City	, FloridaZip Code
	City	гір Соае

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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager of Managing Member being added or removed from our records:

MGR = Manager

MGRM = N	VIGKM = Managing Member				
<u>Title</u>	Name	Address	Type of Action		
			Add		
		A	Remove		
			Add Remove		
			Remove		
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			Add		
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			_		
			Remove		
			Add		
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If amending any other information	, enter change(s) here: (Attach additional sheets, if necessary.)
 	
November 10	2013
	MEn
Signatu	re of a member or authorized representative of a member
Marcos Garcia	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 NOV 15 PM 12: 4