

# L12000027320

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

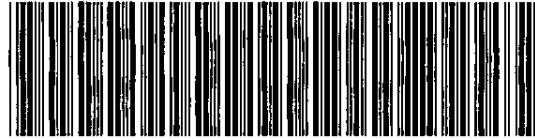
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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2016 SEP 16 P 2:06  
TALLAHASSEE, FLORIDA

SEP 19 2013  
J BRUCE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MG GOLDEN DREAMS 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:

GASTON SCHNEIDER.  
Name of Person

Firm/Company

2060 NE 203 TER.  
Address

MIAMI FL 33179.  
City/State and Zip Code

GSCHNEIDER@QKAPITAL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GASTON SCHNEIDER  
Name of Person

at (786)  
Area Code

277 4479  
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

FILED  
2016 SEP 16 PM 2:00  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS

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

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

The Articles of Organization for this Limited Liability Company were filed on 02/27/2012 and assigned Florida document number L12000027320

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

2060 NE 203 TER  
MIAMI FL 33179

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2060 N.E 203 TER  
MIAMI FL 33179

**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:

GASTON SCHNEIDER

New Registered Office Address:

2060 NE 203 TER

Enter Florida street address

MIAMI

City

Florida

33179

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

Title	Name	Address	Type of Action
AMBR	GACIO GARCIA, MARISA.	18851 NE 29 AVE STE 104A	<input type="checkbox"/> Add
		MIAMI FL 33180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LOPEZ SANCHEZ, NORBERTO OMAR	18851 NE 29 AVE STE 104A	<input type="checkbox"/> Add
		MIAMI FL 33180.	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LOPEZ GACIO, VERONICA CECILIA.	18851 NE 29 AVE STE 104 A.	<input type="checkbox"/> Add
		MIAMI FL 33180.	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SCHNEIDER, GASTON	18851 NE 29 AVE STE 104A.	<input checked="" type="checkbox"/> Add
		AVENTURA, FL 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

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

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2016 SEP 16 PM 2:11  
TALLAHASSEE, FLORIDA (OPTIONAL)

**E. Effective date, if other than the date of filing:**

(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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated

AUGUST 12<sup>TH</sup> 2016.

Signature of a member or authorized representative of a member

MARISA GARCIA GARCIA

Typed or printed name of signee