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Office Use Only



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SECRESSICA STATE
ALLAHASSEE, FLORIGA

B. BOSTICK

AUG 1 6 2012

EXAMINER

COVER LETTER

TO:	Registration Sect Division of Corpo		
SUBJI	ECT: MGF	Name of Limited Liability Company	
The en	closed Articles of A	mendment and fee(s) are submitted for filing.	
Please	return all correspond	lence concerning this matter to the following:	
		Julie (onen Name of Person	
,	,	Name of Person Strock + Cohen	
		Firm/Company	
		2900 6 10des Cir Ste 7150 Address	
		Address	
ı	•	Weston, FC 33327	
	•	City/State and Zip Code	12 AUG ALLAHA
		E-mail address: (to be used for future annual report notification)	— ※ 5 T
For fur	ther information con	cerning this matter, please call:	100 mm and
	Julie Col	at \at \	PART Number 2
	Name of F	erson Area Code & Daytime Telephone ?	Number Torn =
Enclos	ed is a check for the	following amount:	
☑\$ 25	5.00 Filing Fee	Certificate of Status Certified Copy Certificate of Status Certified Copy (additional copy is enclosed)	.00 Filing Fee, ertificate of Status & ertified Copy dditional 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

MGAR PROPE					
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our record Liability Company)	ls.)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L12000</u> 79425.	y were filed on <u>014 001</u>	and assigned			
This amendment is submitted to amend the following:		12 A			
A. If amending name, enter the new name of the limited lial	bility company here:	UG 15			
The new name must be distinguishable and end with the words "Lim"L.L.C."					
Enter new principal offices address, if applicable:	19921 NW 3rd St	· 물로 2			
(Principal office address MUST BE A STREET ADDRESS)	Pembroke Pines F	C=33029			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	19921 NW3rd5t Pemboke Anes F	: L 33029			
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address he		nter the name of the new			
Name of New Registered Agent:					
New Registered Office Address:		<u>,, </u>			
	Enter Florida street address				
	, Flori				
	City	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 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 or Managing Member being added or removed from our records:

MGR = Ma MGRM = N	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	· · · · · · · · · · · · · · · · · · ·		Add Remove
	· .		Add Remove
			Add Remove
			Add Remove
			Add Remove
	<u></u>	F C C C C C C C C C C C C C C C C C C C	
D. If amend	ling any other information, enter chang	e(s) here: (Attach additional sheets, if necessary)	:
 Dated	11/1/24 20	12	
	Signature of a member	2000000 ror authorized representative of a member	
	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00