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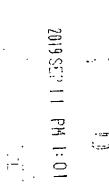
(Req	uestor's Name)	
(Add	ress)	
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(City/	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

	egistration Se ivision of Cor			
eun iece		restment Group LLC		
SUBJECT	:	Name of Lim	ited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	rn all correspo	ndence concerning this matter	to the following:	
		Jonathan Maguire		
			Name of Person	
		Maguire Investment Group	LLC	
		-	Firm/Company	
		4008 Palmetto Palm Court		
			Address	<u></u>
		Tampa, FL 33624		
		Jonmaguire13@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For further	information co	oncerning this matter, please co	all:	
Jonathan M	A aguire		813 785-7885	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is	s a check for th	ne 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2019 SEP | | PH | 1: 0 |

Maguire Investment Group LLC	,	
(Name of the Limited Liability Con (A Florida Limite	npany as it now appears on our record ed Liability Company)	<u>(s.</u>)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L12000119331</u>	nny were filed on 9/17/2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability 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)	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address b	l office address on our records here:	s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	
	, Fl	orida
	Crů.	zqi Coac

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jeffrey Maguire	8275 E Bell Rd, apt 3122 Scottsdale, AZ 85260	■ Add
			Remove
			☐ Change
			Add
			Remove
			□ Change
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(If an effe <u>Note:</u>	If the date inserted in this	he date of filing:
If the rec (b) The	ord specifies a delay 90th day after the re	red effective date, but not an effective time, at $12:01\ a.m.$ on the earlier of ecord is filed.
Dated ⁵	september 9	2019
		Signature of a member or authorized representative of a member
	Jonathan Maguire	organizate of a memori of authorized representative of a memori

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00