

L170606 54687

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

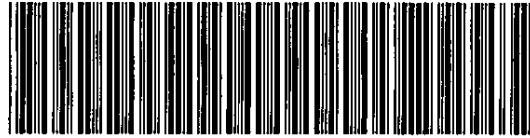
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2015 DEC 28 P 5:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 30 2015

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 21, 2015

MARTHA MADERAL  
6500 COWPEN RD SUITE 104  
MIAMI LAKES, FL 33014

SUBJECT: MG 65, LLC  
Ref. Number: L13000054687

We have received your document for MG 65, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers  
Regulatory Specialist III  
Registration/Qualification Section

Letter Number: 315A00026672

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: MG 65, 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:

MARTHA MADERAL

\_\_\_\_\_  
Name of Person

MG 65, LLC

\_\_\_\_\_  
Firm/Company

6500 COWPEN RD SUITE 104

\_\_\_\_\_  
Address

MIAMI LAKED, FL 33014

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YOLANDA HERNANDEZ

305 971-0102 EXT 113

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &  
Certificate of Status

(already submitted)

☐ \$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

RECEIVED

15 DEC 30 PM 4:55

CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

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

MG 65, 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 APRIL 15, 2013  
Florida document number L13000054687.

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SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

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:**

6500 COWPEN RD SUIT2 104

**(Principal office address MUST BE A STREET ADDRESS)**

MIAMI LAKES, FL 33014

**Enter new mailing address, if applicable:**

6500 COWPEN RD SUITE 104

**(Mailing address MAY BE A POST OFFICE BOX)**

MIAMI LAKES, FL 33014

**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:

MARTHA MADERAL

New Registered Office Address:

6500 COWPEN RD SUITE 104

Enter Florida street address

MIAMI LAKES

City

, Florida 33014

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LILIANA M. AGUIRRE	10901 SW 61 CT	<input type="checkbox"/> Add
		MIAMI, FL 33156	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARTHA MADERAL	6500 COWPEN RD SUITE 104	<input checked="" type="checkbox"/> Add
		MIAMI LAKES, FL 33014	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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 ALABAMA SECRETARY OF STATE

[illegible]

(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**

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TALLAHASSEE, FLORIDA