L13 0000 74215

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only Otalor Elph Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Corrected over pron
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with Joseph on
7/2/20.





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SECRETARY OF STATE

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COVER LETTER

TO:	Registration Se Division of Cor	porations	*	
CUDB	ect.	NAME CHAVE Name of Line	(D	
aubai		Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	indence concerning this matter	to the following:	
		Josep	Name of Person	
		MG	JA HOLding LL	<u>C</u>
		2005 Tre	e Fork LAND, #1	13
		Longin	City/State and Zip Code	<u>o</u>
			(a) / Zin Tv, CoM	
For fur	ther information co	oncerning this matter, please ca	all:	
Jos	Carl Di Fre	Awcë I Cë Person	at (<u>407</u> <u>310</u> - Area Code Daytime	41-22 Telephone Number
Enclose	ed is a check for th	e following amount:		
∀ \$25	5.00 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 S		Street Address: Registration Sec	tion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MGJB Holder	ss LCC		
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on o Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Company Florida document number 4/3 0000742/5	were filed on $\frac{5}{6}$	71/13	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
IZON Technologie	SILC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designat	tion "LLC" or the abbrev	viation "L.L.C."
Enter new principal offices address, if applicable:	N/H		
(Principal office address MUST BE A STREET ADDRESS)		<u>ن</u> جراب	202
			<u></u>
Enter new mailing address, if applicable:	NA	AHAS	
(Mailing address MAY BE A POST OFFICE BOX)		m m	至 14
		FIA	9
			£
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our record	s, <u>enter the name of</u>	the new registered
Name of New Registered Agent:	A		
New Registered Office Address:	A Enter Florida stre		
		F0. 1.1	
	City	, Florida 2	Lip 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 = Mar AMBR = Aut	nager thorized Member	NA			
Title	Name	/ / / /	Address	1	ype of Action
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			-		□Remove
					☐ Change
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(If an effe Note: I	e date, if other than the date of filing:	g.) Pursuant to	605.0207 (3)(h listed as the
If the record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) Ti.	he 90th day	after the
ccord in inc	2/15/20		
	3/10/20 Myr. Partner		

Filing Fee: \$25.00