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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: MG	ACCOUNTING Name of Lin	5 LLC nited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for tiling.				
Please return all correspondent	ondence concerning this matter	to the following:				
	Ma	rk Gay Name of Person				
		OUNTING LLC Firm/Company	- <u> </u>			
		th DixiE Hwy				
	NARANJA	FL 33032 City/State and Zip Code				
	marka m. E-mail address:	giplic.com to be used for future annual report noti	fication)			
For further information of	concerning this matter, please c					
Mark Ga	9 Y of Person	at (305) 283 - Area Code Daytim	0525 e Telephone Number			
Enclosed is a check for t	he 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**

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were filed on 6/4/13	and assigned
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lity Company," the designation "LLC" or the ab	breviation "L.L.C."
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Naranja FL 330:	32 '
26033 SOUTH DIXIE Naranja FL 33032	E HWY
ffice address on our records, enter	the same of the
N/A	≥ iTI
(CA)	<u>\$</u>
Enter r torida street address - 25	ω
Florida	*******
City	Zip Code
	ility company here: lity Company, "the designation "LLC" or the ab 26033 South Dixie Naranja FL 3303 26033 South Dixie Naranja FL 33032 ffice address on our records, enter e: N/A Enter Florida street address

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 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being at or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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If an effectiv <u>Note:</u> If t	re date is liste ne date inse	ner than the da ed, the date must be rted in this block date on the Depa	specific and does not m	cannot be preect the app	rior to da dicable	te of filing	or more than	90 days afte	r filing.) Pu	irsuant t il not be	o 605.02 e listed
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00