Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:
 Division of Corporations
 Fax Number : (850)617-6383

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 Account Number : 120020000087
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INVERSIONES MGG, LLC

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Electronic Filing Menu

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Corporate Filing Menu

Help

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INVERSIONES MGG	, LLC . (
(Name of the Limited Liability Compan (A Florida Limited L	iability Company)	
he Articles of Organization for this Limited Liability Company lorida document number L13000115670	were filed on 8/15/13	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabi	lity company here:	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abl	breviation "L.I.,C."
Enter new principal offices address, if applicable:	2721 EXECUTIVE PARK DRIVE	
Principal office address MUST BE A STREET ADDRESS)	SUITE 4	
Principal office unaress most burners	WESTON, FL 33331	
In the second second	2721 EXECUTIVE PARK DRIVE	
Enter new mailing address, if applicable:	SUITE 4	
Mailing address MAY BE A POST OFFICE BOX)	WESTON, FL 33331	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here. Name of New Registered Agent:	office address on our records, <u>enter</u> re:	i 7
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street address	- Co
	, Florida	Zin Code-
New Registered Agent's Signature, if changing Registered Agent	City <u>::</u>	Zip Code _{CO}
New Registered Agent's Signatured in Small agent and agent agent and agent agent and agent age	-	: 🔾 🔾 . Tree to comply wit

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 performence 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Naru¢	Address	Type of Action
MGR	GONCALVES, MARTIN	2721 EXECUTIVE PARK DRIVE	☐ Add
·		SUITE 4 Fr	Remove
		WESTON, FL 33331	☐ Change
			Add
			□ Remove
			□ Сhange
			□ Add
			□ Remove
			Change
			Adan
			↓ Co
			Change
			☐ Remov¢
			Change
			Add
			Remove
			Change

If amending any other information, enter change(s) here: (Attach additional sheets, if no	ecessary.)	
		
		
		
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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	optional) after filing.) Pursues , this date will not	nt to 605.020 be listed as
the record specifies a delayed effective date, but not an effective time, at 12:0) The 90th day after the record is filed.	01 a.m. on the	earlier o
Deted 11 3 . 2017 .		
Signature of a mamber or authorized representative of a member Mas tin Goncalve S		

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