

7/2/2014

L14000075146

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : GULATI LAW
Account Number : F20130000014
Phone : (407) 900-5054
Fax Number : (407) 517-4931

J. Shivers JUL 03 2014

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address:

Office@gulatilaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MCG SERVICES, LLC.

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

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TALLAHASSEE, FLORIDA

14 JUL -2 PM 3:07

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

MCG SERVICES, 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 05/01/2014 and assigned Florida document number L14000075148

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 end with the words "Limited Liability 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

GULATI LAW, P.L.

New Registered Office Address:

409 MONTGOMERY ROAD,

Enter Florida street address

ALTAMONTE SPRINGS

City

Florida 32714

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.

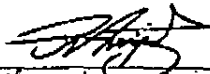
J. Gulati
If Changing Registered Agent, Signature of New Registered Agent

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated July 02, 2014.



Signature of a member or authorized representative of a member

Ramil Ajib

Typed or printed name of signee

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14 JUL -2 AM 8:07
STATE OF FLORIDA
TALLAHASSEE, FLORIDA