14000160785

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COVER LETTER

TO: Registration S Division of Co			
MSGM H	Ioldings, LLC		
	Name of Lin	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	John R. Crawford		
	N. A. C. B.	Name of Person	
	Marks Gray, PA	Firm/Company	
	1200 Riverplace Blvd., Su	, -	
	Jacksonville, Florida 3220	Address	
	jerawford@marksgray.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please co	all:	
John R. Crawford		904 807-2183	
Name	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for	the 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

MSGM Holdings, LLC (Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000160785</u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	offity company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LEC" or	the abbreviation 📜 C."
Enter new principal offices address, if applicable:	7775 Belfort Parkway	190 170
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, Florida 32216	729
E. A	7775 Belfort Parkway	PH
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Jacksonville, Florida 32216	37
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		nter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Floric	
	Ciţy	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	John R. Crawford	1200 Riverplace Drive, Ste. 800	
		Jacksonville, Florida 32207	■ Remove
			□ Change
AMBR	Sharon L. Palmer	1200 Riverplace Drive, Ste. 800	
		Jacksonville, Florida 32207	■ Remove
			Change
AMBR	Graydon D. Mabry	7775 Belfort Parkway	Add
		Jacksonville, F1, 32256	□ Remove
			☐ Change
AMBR	Mark Schnitzius	7775 Belfort Parkway	Add
		Jacksonville, FL 32256	Remove
			☐ Change
			Add
			□ Remove
			☐ Change
		Add	
			□ Remove
			☐ Change

o. II ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Fffecti	re date if other than the date of filing: (optional)
Note:	the date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated_	000082 22 2019
	Signature of a member or authorized representative of a member
	Graydon D. Mabry, CEO

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Typed or printed name of signee

Filing Fee: \$25.00