Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H150000054103)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

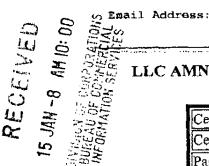
: RAFAEL ACCOUNTING TAX Account Name

Account Number: I20130000095 Phone

: (305)558~1685

: (305)558~4835 Fax Number

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



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JAN - 9 2015

THE ASSESSMENT

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MG FLORIDA HOL								
(Name of the Limited Liability Companied Li	y as it now appears on our resolity Company)	gords.)						
The Articles of Organization for this Limited Liability Company v	vere filed on 12/30/20	14 and assigned						
Florida document number L14000196583								
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 "Clinked Liabil	ity Company," the designetion	"LLC" or the abbreviation "L.L.C."						
Enter new principal offices address, if applicable:								
(Principal office address MUST BE A STREET ADDRESS)		Po C						
		<u> </u>						
Enter new mailing address, if applicable:								
(Malling address MAY BE A POST OFFICE BOX)								
		高計 2						
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here.		ords, enter the name of the new						
:								
Name of New Registered Agent								
New Registered Office Address:	Enter Florida suvet o	dhess						
, , , , , , , , , , , , , , , , , , ,		Florida						
	City	, riorius						

New Registered Agent's Signature, II 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

3055584835

If smending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	Name		Address	Type of Act	<u>ion</u>
MGR	FNM SERVICES LLC		17070 COLLINS AVE SUITE 256		• .
			SUNNY ISLES BEACH, FL 33160	Remove	
MGR	FRANCISCO ESCALON		17070 COLLINS AVE SUITE 256		
			SUNNY ISLES BEACH, FL 33160		
MGR	: NIR GAVRA		17070 COLLINS AVE SUITE 256	7.50 PM	,
*		٠	SUNNY ISLES BEACH, FL 33160	A Remove	
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		_		□ Remove	
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				□ Remove	

	R such drugs intostication	i, enter change(s) here: (Attach ada	litional sheeis, if.necessary.)
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