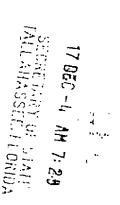


(Requestor's Name)	
(Address)	
, ,	
(Address)	
(Madicas)	
1	
(City/State/Zip/Phon	ie #)
PICK-UP WAIT	MAIL
LI FICK-OF	I MINIC
ı	
,	
(Business Entity Na	me)
(Document Number	·)
(2004	,
'	
	f Ct-t
Certified Copies Certificate	s or States
•	
Special Instructions to Filing Officer:	
,	
ı	
'	
;	
081	al.
Office Use O	піу



08/28/17--01021--029 **25.00





August 30, 2017

TITO FREITAST MANAGEMENT LLC 1654 N SEMORAN BLVD SUITE 142 ORLANDO, FL 32807 US

SUBJECT: M&G INVESTMENT MANAGEMENT LLC

Ref. Number: L15000034876

We have received your document for M&G INVESTMENT MANAGEMENT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 017A00017902

Justin M Shivers
Regulatory Specialist | I Supervisor
Registration/Qualification Section

www.sunbiz.org

COVER LETTER

Registration Section Division of Corporations

MAILING ADDRESS: Registration Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO:

SUBJECT:	6 INVESTITE 3	MAMAGEMEN TUS	JT LLC
3003ECT	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	7170	S. FRETTAS Name of Person	
	GRHIN	JUESTHENT MANA	GEPTENT LLC
	1654 N.	SEMORAN BUD S	Salte 175
	ORLANDO	City/State and Zip Code 2 @ /AHOO. COLO To be used for future annual report notifi	
	<u> </u>	City/State and Zip Code	
	TITE HEETTAS	2 @ YHHOO. COTI)
	E-mail address: (t	to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ca	dl:	
TITO S.F	REITAS	at (\(\frac{1}{10}\)\) Area Code Daytime	736)
(Value o	1.1013011	, ital code sayamo	
Enclosed is a check for the	ne following amount:		
S25.00 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)

STREET/COURIER ADDRESS:

Registration Section

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>d Liability Compa</u> A Florida Limited	ny as it now appears on our recor Liability Company)	<u>ds.</u>)				
ability Company	were filed on 02/25/2015	and assigned				
·						
wing:						
the limited liab	ility company here:					
ords "Limited Liabi	lity Company," the designation "LL	C" or the abbreviation "L.L.C."				
able:	1654 NORTH SEMORAN BLVD SUITE 142					
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		ORLANDO, FL. 32807				
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>		LVD SUITE 142				
		ds, enter the name of the				
1654 NORTH	SEMORAN BLVD SUITE 142 Enter Florida street addre					
2	ability Company owing: The limited liab ords "Limited Liabi able: T. ADDRESS) BOX) or registered of fice address her	the limited liability company here: ords "Limited Liability Company." the designation "LLiable: 1654 NORTH SEMORAN BIORAN BIORANDO, FL. 32807				

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, enter the title, name, and address of each person being added 2r removed from our records:

MGR = Manager AMBR = Authorized Member

Title .	<u>Name</u>	Address	Type of Action
MGRM	TITO S. FREITAS	974 WAREHOUSE RD	
•		APT 30202	■ Remove
		ORLANDO, FL, 32803	☐ Change
AMBR	TITO S. FREITAS	1654 NORTH SEMORAN BLVD	∃ Add
		SUITE 142	☐ Remove
		ORLANDO, FL. 32807	
			□ Add
			Remove
			□ Change
		· · · · · · · · · · · · · · · · · · ·	🗆 Remove
			□ Change
		Remove	
			Change
			Add
	·		☐ Remove
			Change

N/A									
				.					
•									
<u>, </u>									
<u> </u>									
 			·						
				•					 -
						_			
							₹.,		
								7	
							<u> </u>		
							<u> </u>	1	
•							Min Minis	: AH	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;
								· -	`` ;
							물	· · · · · · · · · · · · · · · · · · ·	
							<u> </u>	🕶	
fective date, if other than the	date of fili	ng:				(op	tional)		
on effective date is listed, the date must ote: If the date inserted in this bl	t be specific ar ock does not	nd cannot b : meet the :	e prior to c annlicabl	late of filing e statutory	or more th filing rea	an 90 days at uirements, t	ter filing.) P his date wi	ursuant t Il not b	o 605.0201 e listed as
ocument's effective date on the D				•					•
record specifies a delayed	l effective	date, bi	ut not a	n effect	ve time	at 12:01	a.m. or	the e	earlier o
The 90th day after the rec	ord is filed	i.							
MOVEMBER 30		2017		- //	•				
nted		2017	1	11					
			1/1	//					
	-		4	/					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00