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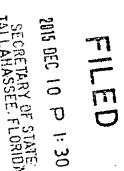
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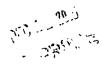
Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MGF Supermarket Consulting Services 440 Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael Farragia Name of Person
MGF Supermarket Consulting Services LLC
8183 Gabanna Brive
Sarasota, Florida 34231 City/State and Zip Code Mfarrugia 56 pagnail-com E-mail address: (to be used for future annual eport notification)
Mfarrugia 56 po gmail. com
For further information concerning this matter please call:
Name of Person Area Code Daytime Telephone Number Code
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

	-	- -			
MGF Sure Mar (Name of the Limited)	Ket Cor	nsuting Serv	nices Limites	Liability	Company
(A	Florida Limited	l Liability Company)		•	
The Articles of Organization for this Limited Liab Florida document number <u>L15 00 0</u> 17	ility Compan	y were filed on	0/22/15	and assigne	
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of the	e limited lia	bility company here	:		
The new name must be distinguishable and contain the word	s "Limited Liah				
Enter new principal offices address, if applicab		MGF Supe	masket Consultana Drive	ting Service	· Company
(Principal office address MUST BE A STREET)	<u>4DDRESS)</u>	6163 Gaba	nna Olloe , Florida 34		<i>' J</i>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>	MGF Superman	et Corsulting & nra Drive , Florida 3	voices Lint	Zíabilite Company
B. If amending the registered agent and/or registered agent and/or the new registered offic			ur records, entert)EC	he new
Name of New Registered Agent:	<u>.</u>		HAS\$E	DEC 10	
New Registered Office Address:	E183	Galanna L	brive m	9 J	<u>n</u>
	Sava	Gabanna L Enter Florida sota	street address Street address Florida	3/23/	ر —
		City		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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member **Title** Name **Address Type of Action** □ Add □ Remove □ Change □ Add □ Remove ☐ Change _□ Add □ Remove ☐ Change U □.Change □ Add □ Remove ☐ Change □ Add □ Rémove _□ Change

							
							
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n effective date is liste te: If the date inser	ed, the date must be specificated in this block does date on the Departmen	fic and cannot be pri not meet the appl	icable statutory fi	r more than 90 days	after filing.) Pursuant will not b	to 605.02 be listed a
	s a delayed effecti fter the record is fi		ot an effectiv	e time, at 12:0	01 a.m. (on the (earller
$\frac{12}{5}$, <u>2015</u>	<u>.</u> .				
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Page 3 of 3

Filing Fee: \$25.00