

L15000187044

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

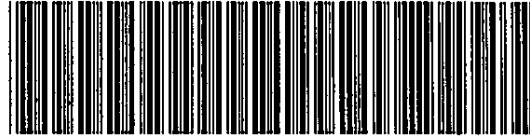
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900288906809

08/15/16--01041--015 **25.00

2016 AUG 15 P 3:01 PM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

S Warren

AUG 16 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MG & RAY LLC
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:

MIRASOL A ALCALDE
Name of Person

MG & RAY LLC
Firm/Company

1431 RIVERPLACE BLVD SUITE 3308
Address

JACKSONVILLE, FL 32207
City/State and Zip Code

reneandmiria@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MIRASOL A ALCALDE at (561)-414-5626
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

MG & RAY 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 _____ and assigned
Florida document number L 15000187044

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain 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: _____

New Registered Office Address: _____

Enter Florida street address

City

, Florida

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 _____

FILED
JAN 16 2015
P 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ROBERTO V BONTILAO	1671 MISTY LAKE DRIVE	<input checked="" type="checkbox"/> Add
		FLEMING ISLAND, FL	<input type="checkbox"/> Remove
		32003	<input type="checkbox"/> Change
MGR	FRANCISCO C TEMPLE	11611 LADY CLAIRE CT	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL 32223	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RAY SALES	6925 ORTEGA WOODS DR	<input checked="" type="checkbox"/> Add
		UNIT 8	<input checked="" type="checkbox"/> Remove
		JACKSONVILLE, FL 32244	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2015 JUN 15 P 3 07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 8/11/16, _____

MIRASOL A ALCALDE
Typed or printed name of signee

FILED
2018 AUG 15 PM 3:01
CLERK OF STATE
TALLAHASSEE, FLORIDA