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PICK-UP	☐ WAIT	MAIL
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(D	ocument Number)	
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COVER LETTER

SUBJECT:	SAN GYOUR Name of Um	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Micha	el Consala Name of Person	<i></i>
	M6 8	Firm/Company	c C
		opple Stone	
		Address	
	Boynton	Beach F-1	33472
	Ungela Co	Beach T-/ City/State and Zip Code On Salva / O gr to be used for future annual report not	mail. (Fig. 2)
For further information cor	ncerning this matter, please ca		SSS - De -
Michael	Consalro	at (SU) SU/ Area Code Daytir	mail. (All All All All All All All All All A
Name of 1	°erson	Area Code Daytii	ne 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

TO:

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 Taliahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MGEN Group LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
(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 02-01-2016 Florida document number 16000001409	and assigned
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 contain the words "Limited Liability Company," the designation "LLC" or the abbrev	iation "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, exercise registered agent and/or the new registered office address here:	name of the new
Name of New Registered Agent:	
New Registered Office Address:	, 0
Enter Florida street address 🗡 😼	
. Florida	

New Registered Agent's Signature, if changing Registered Agent:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action			
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ned <u>JV)</u>		Signature	of a member o	r authorized re	presentative of	a member			

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Filing Fee: \$25.00