L16000029183

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TO:		istration Secti ision of Corpo			
SUBJE	·CT·	MGE LABOR	R FORCE LLC		
30131			Name of Lim	ited Liability Company	
The end	closed	Articles of An	nendment and fee(s) are sub-	mitted for filing.	
Please	return	all correspond	ence concerning this matter	to the following:	
	MAXIME JEAN-LOUIS				
	Name of Person MGE LABOR FORCE LLC Firm/Company 205 SW AVE B				
Address					
	BELLE GLADE, FL 33430				
			JSSWPB@YAHOO.COM	City/State and Zip Code	
				to be used for future annual report notific	ation)
For furt	her in	formation cond	cerning this matter, please ca	all:	
MAXI	ME JI	EAN-LOUIS		561 444-2985	
Name of Person		at () Area Code Daytime T	Telephone Number		
Enclose	ed is a	check for the	following amount:		
S \$25	5.00 F	iling 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)
			G ADDRESS: on Section	STREET/COURIER Registration Section	R ADDRESS:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

, ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MGE LABOR FORCE LLC				
(<u>Name of the Limited Liah</u> (A Flor	ility Company as it now appears on our re ida Limited Liability Company)	cords.)		
The Articles of Organization for this Limited Liability	Company were filed on 02/11/2016		_ and assigne	ed
Florida document number L16000029183	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liability company here:			
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "	"LLC" or the abbrev	viation "L.L.C."	,,
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADI	DRESS)			
	·		. 	
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)		,		
		·	<u></u>	
	· · · · · · · · · · · · · · · · · · ·		AP.	
B. If amending the registered agent and/or reg		ords, enter the	name of t	the n
egistered agent and/or the new registered office ac	ldress here:	143.		• •
			·· 🚉 :	e pari er
Name of New Registered Agent:		<u>.</u>	မှ	• •
New Registered Office Address:			ණ	
	Enter Florida street ac	ddress		
		, Florida		
	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

K 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>Name</u> **Address Type of Action** <u>Title</u> 304 MERRYDALE DR, MARIET 16 A 3 MARIE C JEAN-LOUIS **AMBR** _□ Remove ☐ Change □ Add □ Remove ☐ Change □ Refflove ☐ Change □ Add ☐ Remove _□ Change □ Add _□ Remove

☐ Change

If amending any other information	,	(
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Effective date, if other than the date fan effective date is listed, the date must be Note: If the date inserted in this block	e specific and cannot be prior k does not meet the applic	able statutory filing	(optional re than 90 days after filin requirements, this dat	g.) Pürsuani	1.10 40 5.020
document's effective date on the Depa	artment of State's records	•)%le	: 09
ne record specifies a delayed e The 90th day after the recor	ffective date, but no	ot an effective ti	me, at 12:01 a.m	, on the	earlier o
Dated MARCH 15	2016				
Hay					
	gnature of a member or auth	orized representative of	of a member		
MAXIME JEAN-LOUIS	/	ed name of signee			

Page 3 of 3

Filing Fee: \$25.00