## 116000042241

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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## **COVER LETTER**

Division of Co				
SUBJECT:	MP	G FL LLC		
	Name of Lim	nited Liability Company		
The enclosed Articles of	`Amendment and fee(s) are sub	emitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
		Matt Jelinek		
	734	Name of Person		
		MPG FL LLC		
		Firm/Company	<u>,</u>	
	. 2755 E. Oakland Park Blvd. Ste. 200			
	1	Fort Lauderdale, FL 33306		
		City/State and Zip Code		
		finance@mpgfl.com		
	E-mail address: (	to be used for future annual report notific	cation)	
For further information of	concerning this matter, please ca	all:		
Matt J	elinek	608 843-4648		
at () Name of Person		Telephone Number		
Enclosed is a check for t	he 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 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

	MPG FL L				
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears Liability Company)	on our records.)		
The Articles of Organization for this Limited L Florida document number L1600004224		were filed on	02/29/16	and assigned	
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name of	f the limited liab	ility company her	<u>e</u> :		
The new name must be distinguishable and contain the v	vords "Limited Liabi	ity Company," the des	signation "LLC" or the abl	breviation "L.L.C."	
Enter new principal offices address, if applicable:		2755 E. Oakland	Park Blvd. Stc. 200	<b>=</b>	ZS
(Principal office address MUST BE A STREE		Fort Lauderdale,	FL 33306	8 MAR 26	ECRETAR LLAHASS
Enter new mailing address, if applicable:		2755 E. Oakland	Park Blvd. Ste. 200	2	12.23 15.23 15.03
(Mailing address MAY BE A POST OFFICE BOX)		Fort Lauderdale, 1	FL 33306	증. =	STATE OR BO
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:  New Registered Office Address:	ffice address her	d Park Blvd. Ste. 20 Enter Floria			e new
	7 511 244451441	City	, Fiorida <u>===</u>	Zip Code	<del>_</del>

## 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			☐ Change
elelere de			☐ Add
			☐ Remove
			☐ Change
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ctive dat	e, if other than the date of fili	ng.		_ (optional)	
effective da e: If the d	ate is listed, the date must be specific a late inserted in this block does not fective date on the Department of	and cannot be prior to date t meet the applicable st	of filing or more than 90 c	lays after filing.) Pursuant to 60	5.0207 ted as
ecord sp ne 90th	pecifies a delayed effective day after the record is filed	date, but not and.	effective time, at 1	2:01 a.m. on the earl	ier of
ed	March 21st	2018			
			<del>***                                  </del>		

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Typed or printed name of signee

Filing Fee: \$25.00