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COVER LETTER

Division of Corporations
SUBJECT: M&G Parking Lot Consulting Sewices, LL
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person
The Alhadeff Law Group, P.L.
11900 BISCAYNE BIVOL #289
Miami, FL 33181 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Nates Code Daytime Telephone Numbers 22
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee \& Certificate of Status \$\Bigcup \$55.00 Filing Fee \& Certificate of Status \$\Bigcup \$ Certificate of Status \& Certified Copy (additional copy is enclosed) \$\Bigcup \$ 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

M&G Parking 10+ Consulting Sewices, Lice (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 Liabili		and assigned
This amendment is submitted to amend the followin		
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 "Ll	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET AI	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	<u></u>
B. If amending the registered agent and/or r		
registered agent and/or the new registered office	address here:	
Name of New Registered Agent:		A SO SO TO SO
New Registered Office Address:		· Mo
	Enter Florida street addi	ूर्ड क इ.स. क
		Florida

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** Mgr Gonzalez, Jose 25 SE 2nd Ave □ Add Remove Miami, FL 33131 ☐ Add □ Remove ☐ Change ☐ Add □ Remove ☐ Change □ Add Remove Ç. Remove ☐ Change □ Add ☐ Remove _□ Change

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	nust be specific and cann	not be prior to date of filing	g or more than 90 days aft	er filing.) Pursuant i	o 605.0207
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Filing Fee: \$25.00