L16000135082

(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:

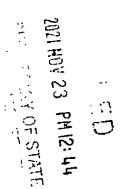
Office Use Only

A. RIVERS
DEC - 9 2021



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2021 FOY -1 PH 4: 20

FLORIDA DEPARTMENT OF STATE Division of Corporations

October 8, 2021

JOSE E MEDRANO 5065 NW 74 AVE UNIT 4 MIAMI, FL 33166

SUBJECT: MG21 INVESTMENTS LLC

Ref. Number: L16000135082

We have received your document for MG21 INVESTMENTS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 421A00024481

Alecia Rivers Regulatory Specialist II

www.sunbiz.org



November 4, 2021

JOSE E MEDRANO 5065 NW 74 AVE UNIT 4 MIAMI, FL 33166 SECOND NOTICE

SUBJECT: MG21 INVESTMENTS LLC

Ref. Number: L16000135082

We have received your document for MG21 INVESTMENTS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 621A00026941

Alecia Rivers Regulatory Specialist II

www.sunbiz.org

Division of Compactions DO DOV 6397 Wellahassas Florida 3931

COVER LETTER

SUBJECT:	/G21 INVESTOR	MENTS LLC 2021 E	EC-7 PH 2:01
	Name of Lim	nted Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	JOSE E,	MEDRAND	
		Name of Person	
	MGZI INV	restments LLC	-
	· · · · · · · · · · · · · · · · · · ·	F31 .41	
	5065 Nu	174 AVE UNK	c
	1	Address	
	MIAMI	62 33164	
	je medran	Address Gity/State and Zip Code O 72 @ 9 mail to be used for future a mual report non	, wm
For further information co	oncerning this matter, please ca		incarion
JOSE ME		181.	521 1281
Name of		at (Area Code Daytim	e Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filmg Fee	☐ \$30 00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate Copy (additional copy is enclosed)
Mailing Address	<u>s:</u>	Street Address:	

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

Registration Section

Division of Corporations

TO:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MC21 INVESTA	YENTS LLC	
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company we Florida document number	ere filed on $\frac{7/18/201}{}$	4 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability BUTCHER DOC HOUSE LL	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or th	e 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)	PO BOX 520613 MIAMI FL 3:	3152
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:		- 13 PS
New Registered Office Address:	Enter Florida street address	PM 12:1
	, Florida	Ap Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and La ovided for in Chapter 605, F.S. (m familiar with and Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If aimending 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	I HOSVANY ESEDBAR		□Add
	/	5065NW 74 AVE STEY WIAMI FI 33144	X Remove
			Change
MBR _	ERIC VAREZA	SDUS NN 74 AVE STECK NIAMI & 33144	! X Add
		MIAMI & 33149	□Remove
			□Change
			□Add
			□Remove
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ffecti	re date, if other than the date of filing:
an effe iote:	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nt's effective date on the Department of State's records.
recore	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
1 18 1111	a. / , /
ated	11/24/2021
	d. 11/24/2021 Replace of a member of authorized representative of a member 101E E. MEDLADO Typed or printed name of signey
	Signature of a member of authorized representative of a member
	1 - //

Filing Fee: \$25.00