

LIL 000143147

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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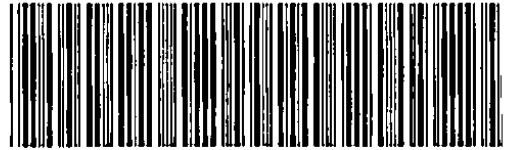
(Business Entity Name)

(Document Number)

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5/22/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MJR PARKWAY GROUP, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Malcolm P. Galvin III, Esq.

Name of Person

Galvin Law, PL

Firm/Company

390 North Orange Avenue, Suite 2300

Address

Orlando, Florida 32801

City/State and Zip Code

mpg3@galvin-law.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Malcolm P. Galvin III, Esq.

321

445-9933

at (_____) _____

Name of Person

Area Code

Daytime 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
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

2020 MAY -4 AM 8: 08

MJR PARKWAY GROUP, LLC

(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 8-1-2016 and as
Florida document number L16000143147.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

(Not applicable)

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L

Enter new principal offices address, if applicable:

(Not applicable)

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Not applicable)

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the ne
agent and/or the new registered office address here:**

Name of New Registered Agent:

(Not applicable)

New Registered Office Address:

(Not applicable)

Enter Florida street address

_____, **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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type</u>
AMBR	JAFFER, YUSRA	C/O GALVIN LAW, PL	<input checked="" type="checkbox"/> Ac
		390 NORTH ORANGE AVENUE, SUITE 2300	<input type="checkbox"/> Re
		ORLANDO, FL 32801	<input type="checkbox"/> Cl
AMBR	JAFFER, ZAINAB	C/O GALVIN LAW, PL	<input checked="" type="checkbox"/> Ac
		390 NORTH ORANGE AVENUE, SUITE 2300	<input type="checkbox"/> Re
		ORLANDO, FL 32801	<input type="checkbox"/> Cl
			<input type="checkbox"/> Ac
			<input type="checkbox"/> Re
			<input type="checkbox"/> Cl
			<input type="checkbox"/> Ac
			<input type="checkbox"/> Re
			<input type="checkbox"/> Cl
			<input type="checkbox"/> Ac
			<input type="checkbox"/> Re
			<input type="checkbox"/> Cl
			<input type="checkbox"/> Ac
			<input type="checkbox"/> Re
			<input type="checkbox"/> Cl

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

(Not applicable)

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0:

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed in the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated April 15 2020

Signature of a member or authorized representative of a member

Zahra Jaffer (Authorized Member)

Typed or printed name of signee

Filing Fee: \$25.00