

L16000144376

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H16000210825 3)))



H160002108253ABCZ

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.**

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MEGA EQUITY LLC

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$30.00

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AUG 26 2016

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Corporate Filing Menu

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TALLAHASSEE, FLORIDA

114978

8/25/16

Please file
on the day that
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effective 8/19/16

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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<https://efile.munbiz.org/scripts/efilcovr.exe>

8/24/2016

NG: POOR LINE CONDITION

08/24 16:36
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NG
STANDARD

DATE, TIME
FAX NO./NAME
DURATION
PAGE(S)
RESULT
MODE

TIME : 08/24/2016 16:37
NAME : CORP USA
FAX : 3056339696
TEL : 18005862605
SR.# : BR065J504820

TRANSMISSION VERIFICATION REPORT

COVER LETTER

H160000210825

TO: Registration Section
Division of Corporations

SUBJECT: MEGA Equity 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:

Michael Shvartsman
Name of Person

Firm/Company

11457 NW 36th Ave
Address

Miami FL 33167
City/State and Zip Code

MS@CONQUEST-Financial.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Shvartsman at 786 350-9353
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO
ARTICLES OF ORGANIZATION
OF

MEGA Equity, 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 08/03/2016 and assigned
Florida document number L16000144376

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the 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)

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

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City Florida 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

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AUG 19 4 44 PM
CLERK OF STATE
TALLAHASSEE, FLORIDA

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Foundation Equities LLC	11451 NW 36th Ave, Miami Florida 33167	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Foundation Property Holdings LLC	11451 NW 36th Ave, Miami Florida 33167	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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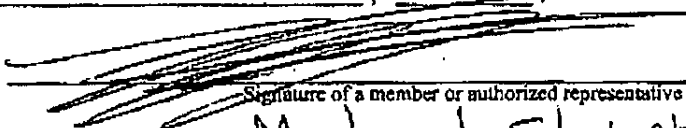
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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 08/19/2016 (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 08/24/2016



Signature of a member or authorized representative of a member
Michael Shvartsman

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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2016 AUG 19 A 9 45
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