

L16000149184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

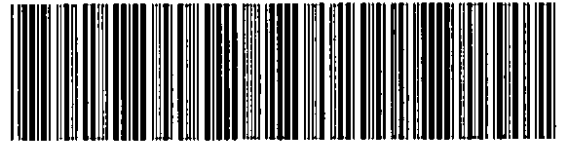
(Business Entity Name)

(Document Number)

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O SIMMONS
DEC 14 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M G H M I, 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:

MARCIA MOLLE and MARK ISENBERG
Name of Person

M G H M I LLC
Firm/Company

450 Hickorynut Avenue
Address

0 Idsmar, Florida 34677
City/State and Zip Code

mmolle4898@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marcia Molle at 727 639-9817
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

6231 - 7:15:27

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

If Changing Registered Agent, Signature of New Registered Agent

[illegible]

Aug 15 PM 5:27

(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 605.0207 (3)(b)

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 November 2, 2020

Marcia Malle
Signature of a member or authorized representative of a member

MARCIA MOLLE
Typed or printed name of signee

Filing Fee: \$25.00