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D. SCOTT DEC 21 2017

COVER LETTER

	egistration Sec ivision of Corp	orations			
SHD IFCT		URES LLC			
SUBJECT	•		ited Liability Company		
The enclose	ed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please retui	m all correspon	idence concerning this matter	to the following:		
		RUBEN D. TORO			
			Name of Person		
		RUBEN TORO P.A.			
	RUBEN TORO P.A. Firm/Company 7901 KINGSPOINTE PKWY STE. 31 Address ORLANDO FL 32819 City/State and Zip Code rubentorocpa@hotmail.com E-mail address: (to be used for future annual report notification) arther information concerning this matter, please call: In D. Toro at (407 370-6445 1) Name of Person Area Code Daytime Telephone Number Seed is a check for the following amount: 25.00 Filing Fee				
	7901 KINGSPOINTE PKWY STE. 31				
			Address		
		ORLANDO FL 32819			
		·	•		
		· ·			
For further	information co			n)	
Ruben D. T		3	407 370-6445	# P	,
	Name of	Person	Area Code Daytime Tele	phone Number	* 1 ***
Enclosed is	a check for the	e following amount:			- 1
\$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
Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MGC VENTURES LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number L16000203663	mpany were filed on 11/04/2016	and assigned
This amendment is submitted to amend the following:	-	
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		r the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	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 being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	GREG CIANFAGLIONE	4838 UTE ST.	
		ORLANDO FL 32819	□ Remove
			Change
AMBR	MARK CIANFAGLIONE	227 Patricia Avenue	
		Ottawa On KTY 0C6	☐ Remove
			Change
		-	Add
		 	Remove
			☐ Change
			□ Add
			Remove
			Change
			□ Change
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			Remove
			Change

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fective date, if other than to in effective date is listed, the date ote: If the date inserted in this cument's effective date on the	s block does not n	neet the applicab	date of filing or more le statutory filing re	than 90 days after filequirements, this d	al) ing.) Pursuant to 605.02 ate will not be listed حر
record specifies a delay The 90th day after the r			an effective tim	e, at 12:01 a.r	n. on the earlier
12/15 ted	,	2017	<u>.</u> .		
	HA				
	Signature of a r		zed representative of	manhar	

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Filing Fee: \$25.00