LI7000004153H

| (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: |
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COVER LETTER

| TO: Registration Sc | | | |
|-------------------------------|--|---|--|
| Division of Cor | porations | | |
| MarGvs Gr SUBJECT: | oup LLC | | |
| Sobatter. | Name of Lim | ited Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Mary Ligon | | |
| | | Name of Person | |
| | Mary Ligon Company | | |
| | | Firm/Company | . |
| | 480 Hibiscus Street #737 | | |
| | | Address | |
| | West Palm Beach . FL 334 | 01 | |
| | · | Name of Person Firm/Company Address Ol City/State and Zip Code De used for future annual report notification) II: | |
| | maryligon@ymail.com | | |
| Con family of Comments of | | · | ation) |
| | oncerning this matter, please c | an; | |
| Mary Ligon | | at () | |
| Name o | f Person | Area Code Daytime | Felephone Number |
| Enclosed is a check for the | ne following amount: | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | Certified Copy | Certificate of Status & Certified Copy |
| Mailing Addres Registration S | | Street Address: Registration Sect | ion |

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

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

| MARGVS GROUP LLC | | | | |
|--|--|--|-----------------------------|--|
| (Name of the Limited | d Liability Compa A Florida Limited | inv as it now appears on our records.) Liability Company) | | |
| The Articles of Organization for this Limited Lia florida document number L17000041534 | ibility Company | were filed on <u>02/22/2017</u> | and assigned | |
| This amendment is submitted to amend the follow | wing: | | | |
| A. If amending name, enter the new name of | the limited liah | oility company here: | | |
| he new name must be distinguishable and contain the wo | urde ''l imitad Liohi | lity Company " the decimation "LLC" or th | on appropriation "L. L. C." | |
| inter new principal offices address, if applica | | 480 Hibiscus Street #737 | e abine viacion (5.15, C. | |
| Principal office address MUST BE A STREET ADDRESS) | | West Palm Beach, FL 33401 | | |
| | | | 202 | |
| Inter new mailing address, if applicable: | | 480 Hibiscus Street #737 | FIL 2020 DEC - | |
| Mailing address MAY BE A POST OFFICE BOX) | | West Palm Beach, FL 33401 | _E | |
| | | | ± □ | |
| 3. If amending the registered agent and/or regent and/or the new registered office address | gistered office s here: | address on our records, enter the r | ame of the new regist | |
| Name of New Registered Agent: | Mary Ligon | | | |
| New Registered Office Address: | 480 Hibiscus S | treet #737 | | |

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.

City

West Palm Beach

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

_. Florida <u>33401</u>

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 |
|------------------|----------------|---------------------------|----------------|
| MGR | Gustavo Ceron | 410 Evernia St. #517 | □ Add |
| | | West Palm Beach, FL 33401 | Remove |
| | | | □ Change |
| AMBR Celeste Sip | Celeste Sippel | 10898 111th PLN | |
| | | Largo FL 33778 | □Remove |
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| . II aiii | ending any other information, enter change(s) here: (Attach additional sheets, i | j necessar <u>y</u> ., | , |
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| r ce | | | |
| (If an ef Note: | ive date, if other than the date of filing: ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day. If the date inserted in this block does not meet the applicable statutory filing requirement ent's effective date on the Department of State's records. | (optional) es after filing.) I ts. this date w | Pursuant to 605.0207 rill not be listed as |
| the recor | d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier led. | of: (b) The | 90th day after the |
| Dated | 12/2/2020 | | |
| | Signature of a member or authorized representative of a member | | |
| | y signature of a member or authorized representative of a member | | |

Typed or printed name of signee