

4700020886839
Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : HARVARD BUSINESS SERVICES, INC.
Account Number : 120080000045
Phone : (302) 645-7400
Fax Number : (302) 645-1280

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

Email Address: l.japertaite@amicorp.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MG HOLDINGS CAPITAL LLC

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DIVISION OF CORPORATIONS

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August 10, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MG HOLDINGS CAPITAL LLC
1001 BRICKELL BAY DRIVE
SUITE 2908
MIAMI, FL 33131US

SUBJECT: MG HOLDINGS CAPITAL LLC
REF: L17000105839

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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Karen A Saly
Regulatory Specialist II

FAX Aud. #: H17000208868
Letter Number: 617A00016345

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

MG HOLDINGS CAPITAL 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 05/12/2017 and assigned
Florida document number L17000105839.

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 contain 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

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

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 DIVISION OF CORPORATE AFFAIRS
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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>	<u>Type of Action</u>
AMBR	MG ADVISOR LTD.	MARCY BUILDING	<input type="checkbox"/> Add
		2ND FL, PURCELL ESTATE	<input checked="" type="checkbox"/> Remove
		ROAD TOWN, TO, BV	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Gustavo Alberto Trujillo Franco	MZ# 811, SOL# 3 Cond.	<input checked="" type="checkbox"/> Add
		Zinera Urb. Las Cumbres	<input type="checkbox"/> Remove
		01 04, Guayaquil, Ecuador	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(b) The 90th day after the record is filed.

Dated AUGUST 7th

20/7-

Signature of a member or authorized representative of a member

GUSTAVO MONTIELLO F.

Typed or printed name of signer