

11/1/2017

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : HARVARD BUSINESS SERVICES, INC.
Account Number : I20080000045
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: _____

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

Certificate of Status	1
Certified Copy	0
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Corporate Filing Menu

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S. WARREN

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November 2, 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.

Document illegible.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Pijaux
Regulatory Specialist

FAX Aud. #: H17000288225
Letter Number: 617A00022134

**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:

Amicorp Corporate Services LLC

New Registered Office Address:

1001 BRICKELL BAY DRIVE SUITE 2908

Enter Florida street address

MIAMI

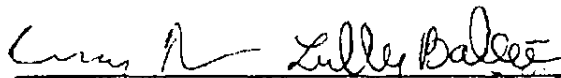
Florida 33131

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>	<u>Type of Action</u>
AMBR	Gustavo Alberto Trujillo Franco	MZ# 811, SOL #3 Cond.	<input type="checkbox"/> Add
		Zimera Urb. Las Cumbres	<input checked="" type="checkbox"/> Remove
		01 04, Guayaquil EC	<input type="checkbox"/> Change
AMBR	MG Advisor Ltd.	Marcy Building, 2nd Floor Purcell	<input checked="" type="checkbox"/> Add
		Estate, P.O. Box 2416	<input type="checkbox"/> Remove
		Road Town, British Virgin Islands	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 _____

Signature of a member or authorized representative of a member

Gustavo Trujillo F.

Typed or printed name of signee

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Filing Fee: \$25.00

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