L17000183572

| (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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Office Use Only



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COVER LETTER

| | gistration Sect vision of Corp | | | | | |
|--------------|-----------------------------------|---|---|---|---------------|-------|
| | | ERTIES INVESTMENT LLC | | | | |
| SUBJECT: | | Name of Limi | ted Liability Company | | | |
| The enclose | d Articles of A | mendment and fee(s) are sub | nitted for tiling. | | | |
| Please retur | n all correspon | dence concerning this matter | to the following: | | | |
| | | | JULIO C MOLINA | | | |
| | | | Name of Person | | | |
| | JC MOLINA & ASSOC | | | | | |
| | Firm/Company | | | | | |
| | 8260 W FLAGLER STREET STE 2-C | | | | | |
| | Address | | | | | |
| | MIAMI, FL. 33144 | | | | | |
| | | | City/State and Zip Code | | | |
| | | E-mail address: () | o be used for future annual report notific | ration) | 2018 SEL | |
| For further | information co | ncerning this matter, please ca | III: | | AUG CAET | 7 |
| JULIO C M | IOLINA | | 305 559 9070 at () | | 30 (SS) | [|
| | Name of I | | | Felephone Number | PH 3: 91 | |
| Enclosed is | a check for the | following amount: | | | | |
| \$25.00 | Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Certificate of Certified Cop tadditional copy | Status & y | |

MAILING ADDRESS:

TO:

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 Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| MGA PROPERTIES INVES | TMENT LLC | |
|---|---|---------------------------|
| (Name of the Limited Liability Co (A Florida Limi | mpany as it now appears on our records.) ted Liability Company) | |
| The Articles of Organization for this Limited Liability Compa | any were filed on FLORIDA | and assigned |
| Florida document number 1.17000183572 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited l | iability company here: | |
| The new name must be distinguishable and contain the words "Limited L | iability 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 | 2 | |
| | | |
| Enter new mailing address, if applicable: | | 2010 SEC |
| (Mailing address MAY BE A POST OFFICE BOX) | | 200 E |
| | | SS: 30 |
| | · · · · · · · · · · · · · · · · · · · | 7 7 |
| B. If amending the registered agent and/or registered | | nter the name of the |
| registered agent and/or the new registered office address | <u>here</u> : | 9,5 4 |
| Name of New Registered Agent: | | |
| Many Dagietarad Office Address: | | |
| New Registered Office Address: | Enter Florida street address | |
| | . Floric | la |
| | 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 |
|--------------|----------------|-----------------|--|
| MGR | GEORGE AVILES | 9240 NW 7TH AVE | |
| | | MIAMI, FL 33150 | Aud |
| | • | | Remove |
| | | | ☐ Change |
| MGR | GUSTAVO AVILES | 9240 NW 7TH AVE | = Add |
| | | MIAMI, FL 33150 | |
| | | | □ Remove |
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| | | | 08/14/2018 | | | 15 | |
| (If an effective date | e, if other than the te is listed, the date mu | e date of tiling; ist be specific and c | rannot be prior to | date of filing or m | ore than 90 days afte | r filing.) Pursuan is data will not | t to 605.020 |
| | ate inserted in this b fective date on the I | | | ne statutory min | g requirements, th | is date will not | oc iisted a: |
| | | | | | | | 10 |
| | pecifies a delaye day after the rea | | ite, but not | an effective t | ime, at 12:01 | a.m. on the | earlier o |
| 4 1 7/31 1 | 1977 N 4 | | 2010 | | | | |
| Dated | ST 14 . | | 2018 | / . ^ | | | |
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