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COVER LETTER

TO: Registration So Division of Co			
Musgrove	Galvez Group LLC		
SUBJECT:	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:	
	Laura Musgrove		
	1000	Name of Person	
	Musgrove Galvez Group I	LLC	
		Firm/Company	
	3300 S. Dixie Hwy., Ste. I	-385	
		Address	
	West Palm Beach, FL 334	05	
	Imusgrove@mggusa.com	City/State and Zip Code	
		to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
Laura Musgrove		561 427-4133	
Name c	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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 Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration	Section	<u>Street Address:</u> Registration Sc	
Division of C P.O. Box 631		Division of Co The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Musgrove Galvez Group LLC		
(<u>Name of the Limited Liability Com</u> r (A Florida Limited	nany as it now appears on our records.) [Liability Company]	
The Articles of Organization for this Limited Liability Compan	y were filed on July 10, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited lia</u>	bility company here:	
he new name must be distinguishable and contain the words "Limited Liab	nility Company." the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		- 2
		23
Enter new mailing address, if applicable:		ZEO JAN
Mailing address MAY BE A POST OFFICE BOX)	-	32 I
numg undess MAT DE ATOST OFFICE BOSY		2 11
		<u> </u>
3. If amending the registered agent and/or registered office	address on our records enter the	
gent and/or the new registered office address here:	address on our records, enter the	The new registers
Name of New Registered Agent:		
New Registered Office Address:		
The Registered Office Address.	Enter Florida street address	
	, Florida	1
	, Fiorida	Zin 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 Memb	e
------------------------	---

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Ray Galvez	3300 S. Díxie Hwy., Ste. 1-385	
		West Palm Beach, FL 33405	■Remove
			□Change
			□Remove
			□ Change
			Remove
			□Change
			
			Remove
			Change
			🗀 Add
			Remove
		· · · · · · · · · · · · · · · · · · ·	□ Change
			□Add
			Remove
			□Change

. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
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Note:	tive date, if other than the date of filing:
he reco	ord 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 iled.
Dated	January 9 2020
Date	Signature of a member or authorized representative of a member
	Laura Musgrove

Filing Fee: \$25.00