

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H190000009693)))



	Doing so will generate another cover sheet.
	A.
To:	
	Division of Corporations
	Fax Number : (850)617-6383
	The state of the s
From	ii aa a
	Account Name : MCFARLAND, GOULD, LYONS, SULLIVAN & HOGARD P
	Account Number : I19990000D15
	Phone : (727) 461-1111
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annual report mailings. Enter only one email address please.**

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JAN -3 2019

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

H19000000969 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on Florida document number L18000213908	September 7, 2018	
Florida document number L18000213908		and assigne
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lightlity company	v here:	
2619 BRK, LLC		
he new name must be distinguishable and contain the words "Limited Liability Company," t	he designation "LLC" or the abb	
Enter new principal offices address, if applicable:		15 1-
Principal office address MUST BE A STREET ADDRESS		===
	υ) (*)-	. 10 !
		₹ F
Enter new mailing address, if applicable:	3. 1.3.	
Mailing address MAX BE A POST OFFICE BOX)	<u> </u>	0
MULLING HILLIAN DE A FOST OFFICE BOX		

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.

Changing Registered Agent Signature of New Registered Agent

Page 1 of 3

MGR - Manager

If smending Authorized Person(s) authorized to manage, gnter the title, name, and address of each person being added or removed from our records:

AMBR = A	authorized Member		
<u>Title</u>	Name	Address	Type of Action
			D Add
			□ Remove
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N/A	ere: (Attach additional sheets, if necessary)
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ffective date, if other than the date of filing:	(optional) ior to date of filing or more than 90 days after filing.) Pursuant to 605,020
an effective date is listed, the date must be specific and cannot be pri <u>Note:</u> If the date inserted in this block does not meet the application of the second occurrent's effective date on the Department of State's record	licable statutory filing requirements, this date will not be listed as
e record specifies a delayed effective date, but r The 90th day after the record is filed.	not an effective time, at 12:01 a.m. on the earlier o
Dated Tanuary 2nd, 201	9 Manager and Marker
Signature of a member or au	thorized representative of a member
MARIA GEJO-ILLICH	

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Filing Fee: \$25.00