## L18000226400

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(Address)
(Address)
(City/State/Zip/Phone #)
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(Document Number)
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21 MAR 18 PM 3: 56

## **COVER LETTER**

TO: Registration S Division of Co				
MPG FL 2 SUBJECT:	00 LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	ALON PELES			
		Name of Person	<del></del>	
		Firm/Company		
	2755 E OAKLAND PARE	CBLVD STE 200		
		Address	·	
	FORT LAUDERDALE, F	L 33306		
	NEGONADERI COM	City/State and Zip Code	····	
	INFO@MPGFL.COM  E-mail address: (	to be used for future annual report notific	eation)	
For further information c	concerning this matter, please c	·	,	
ALON PELES		954 372-1043		
Name o	f Person	Area Code Daytime	Felephone Number	
Enclosed is a check for the	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 Addres Registration S		<u>Street Address:</u> Registration Secti	ion	
Division of Corporations		Division of Corporations		

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION VISION

21 MAR 18 PM 3: 56

MPG FL 200 LLC

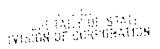
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Cor		
Florida document number L18000226400		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	1 Liability Company," the designation	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRE.	SS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o	ffice address on our records, ei	iter the name of the new registere
agent and/or the new registered office address here:	_	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ac	ldress
		, Florida
	•	Zip Code
New Registered Agent's Signature, if changing Registered A	gent:	

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 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>	Address	21 MAR 18 PM 3: 56	Type of Action
AMBR	SAMI KATRI	2755 E OAK	LAND PARK BLVD STE 200	■Add
		FORTLAUD	DERDALE, FL 33306	□Remove
		<del></del>		DChange
		<del></del>		□Add
				□Remove
				□Change
				□Add
		-		□Remove
				□Add
				□Remove
				□Change
		*****		□Add
				□Remove
				DChange
				□Rепюче
				(70)

, 11 am	ending any other information, enter change(s) here: (Attach additional sheets, if necessaries (4.144))
-	
_	
(If an ef Note:	fective 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). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
he recor	d 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 led.
15 : 1	03/17/2021
Dated	
	Signature of a member or pathorized representative of a member
	ALON PELES
	Typed or printed name of signee

Filing Fee: \$25.00