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(Red	questor's Name)	
(Add	dress)	<u> </u>
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(Cit	y/State/Zip/Phone #)
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(Do	cument Number)	
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COVER LETTER

	Registration Se Division of Cor					
SUBJEC	T1	ership LLC				
		Name of Lim	ited Liability Company			
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please ret	urn all correspo	indence concerning this matter	to the following:			
		Miriam Farrell Gonzalez				
		 -	Name of Person			
		M2G2 Patnership LLC				
			Firm/Company			
		10315 SW 152nd St			2016	_
		•	Address		:: DEC	ţw:
		Miami, Fl 33157			1	
		m2g2patllc@gmail.com	City/State and Zip Code			1
		E-mail address: (to be used for future annual report notifi	cation)	ω	
For furthe	er information c	oncerning this matter, please c	all:			
Miriam F	arrell Gonzalez	:	305 967-5513			
	Name o	f Person		Telephone Number	_	
Enclosed	is a check for th	ne following amount:				
\$25.0	0 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 (additional copy	Status & oy	
	MAIL	ING ADDRESS:	STREET/COURIE	ER ADDRESS:		

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M2G2 Patnership LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L18000281828	v were filed on December 7, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the a	bbreviation "L.1, C"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		20
		C system
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		$\frac{\overline{\omega}}{\omega}$
B. If amending the registered agent and/or registered of		the name of the ne
registered agent and/or the new registered office address her	<u>re</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	Cny	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>	Address	Type of Action
AMBR	Miriam Farrell Gonzalez	10315 SW 152nd St; Miami, FI 33157	∃ Add
			□ Remove
			☐ Change
AP	Marino Gonzalez		□ Add
		10315 SW 152nd St; Miami, Fl 33157	■ Remove
			Change
			□ Remove
			Change
			Add A
			Remove
			□ Change
			Add
		<u> </u>	Remove
			Remove
			Change

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Page 3 of 3

Typed or printed name of signee

Miriam Farrell Gonzalez

Filing Fee: \$25.00