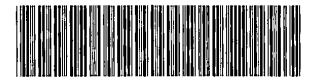
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: M AND Florida Invostment Group LIC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael Dukes Name of Person
M AND I Florids Investment Group Firm Company
15000 US Huy 90 West
Definial Springs FL 32433 City/State and Zip Code
E-bail address: (to be used for future annual report not fication)
For further information concerning this matter, please call:
Name of Person at (850) 378 7540 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Clifton Building

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

iability Company as it now appears on our records lorida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 24,20 Florida document number _____ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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

MGR = Manager AMBR = Authorized Member			
<u>Title</u>	Name	Address	Type of Action
Navager_	Michael Dyles	15000 US HW490 W	Add
J.		15000 US Huy 90 W Defounds Springs, FL 32	Remove
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If amending Authorized Person(s) authorized to manage, enter the title, name and address of the first or removed from our records:

e ee	tive date, if other than the date of filing: Teb 13 th 2019 (optional)
::	Terties dute is listed, the dute must be specific and cannot be prior to dute of filing by more than 70 days after filing.) Pursuant to 605.0207 (
<u>Note:</u> docui	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the next's effective date on the Department of State's records.
ie re	cord specifies a delayed effective data, but not an effective time, at 12.01 a.m. on the cariter aft
ľħ	e 90th day after the record is filed.
Date	Feb 14th 2019.
	S. St. S.
	Signature of a grander part of the state of
	Signature of a member or authorized representation of a member

Page 3 of 3

Filing Fee: \$25.00