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## **COVER LETTER**

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Division of Cor	porations		
	L ESTATE LLC		
SUBJECT:	Name of Limi	ted Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Olga Vodolazschi		
	<del> </del>	Name of Person	
	Lopez Levi Lowenstein Gl	insky PLLC	
		Firm/Company	
	201 Alhambra Circle, Ste 7	701	
		Address	
	Coral Gables, FL 33134		
		City/State and Zip Code	· <u>·</u>
	OVodolazschi@LLLGPA.c		- · · ·
	E-mail address: (1	o be used for future annual report notific	cation)
For further information of	concerning this matter, please ca	iii:	
Olga Vodolazschi		305 774-2945	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 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
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MGV REAL ESTATE LLC		<u></u>	<u>-</u> 3
(Name of the Limited Lia	ability Company as it now appears on our records.)		<b>E</b>
The Articles of Organization for this Limited Liabilit		and assigned	- <del>G</del> 10
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company here:		
The new name must be distinguishable and contain the words " Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET AL		reviation "L.L.C."	<del>-</del> -
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX  B. M. amending the registered agent and/or re-	egistered office address on our records, enter t	he name of the	— — — e_new
B. If amending the registered agent undor the registered agent and/or the new registered office in	address here:		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		_
	, Florida		
	City	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

Title	Name	<u>Address</u>	Type of Action
MGR	MATT ZINGER	201 ALHAMBRA CIR STE 701, CORAL GABLES, FL 33134	
			Remove
MGR ADRIAN BURSTEIN	ADRIAN BURSTEIN	201 ALHAMBRA CIR STE 701, CORAL GABLES, FL 33134	
			□ Remove
		Change	
<u>.</u>			
			Remove
			□ Change
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Note:	tive date, if other than the date of filing:
he re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier e 90th day after the record is filed.
Dated	July 8 2019
Juil	
	Chaut Ulm
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00