## LIGOOCHEOII

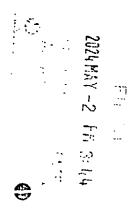
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## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

CILLED COCO	tal Investments, LLC				
SOBJECT.	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.			
Please return all correspo	ondence concerning this matter	to the following:			
	Michael D Hibbert				
	Name of Person				
	MGH Capital Investments, LLC				
		Firm/Company	<del></del>		
	31512 Colada Drift Way				
		Address	C-2-1/4-7		
	Wesley Chapel/FL/33545				
	<del></del>	City/State and Zip Code			
	mghcapitalinvestments@gr				
	E-mail address: (	to be used for future annual report notif	ication)		
For further information of	concerning this matter, please o	all:			
Michael D Hibbert		352 232-0717			
Name o	of Person	Area Code Daytime	: Telephone Number		
Enclosed is a check for the	he following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres		Street Address:	tion.		
Registration Section Division of Corporations		<del>-</del>	Registration Section Division of Corporations		
P.O. Box 632	•	The Centre of T	-		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ars on our records.)
February 15, 2019 and assigned
<u>here</u> :
e designation "LLC" or the abbreviation "L.L.C."
<u></u>
202
7
records, enter the name of the new regis
lorida street address
E1 11
, Florida 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 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>	Name	Address	Type of Action
			□ Add
			□Remove
			□ Change
			□ Add
			Remove
			Change
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			☐ Change
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ing at the annual at the	4/23/2024	Z	
ffective date, if other than the an effective date is listed, the date mus	t be specific and cannot be prior to	date of filing or more than 90 days afte	r filing.) Pursuant to 605.0207
		e statutory filing requirements, th	is date will not be listed as
	cuarrinent of Male's records.		
Note: If the date inserted in this bloocument's effective date on the Do	epartificiti of state s records.		
ocument's effective date on the De		, at 12:01 a.m. on the earlier of: (	b) The 90th day after the
		, at 12:01 a.m. on the earlier of: (	b) The 90th day after the
record specifies a delayed effective d is filed.	e date, but not an effective time		b) The 90th day after the
ocument's effective date on the De	e date, but not an effective time		b) The 90th day after the
record specifies a delayed effective d is filed.  April 23	e date, but not an effective time		
record specifies a delayed effective d is filed.  April 23	e date, but not an effective time		

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