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COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

	MBRAG LI	LC			
SUBJECT: _		Name of Limit	ted Liability Company		
The enclosed A	Articles of A	Amendment and fee(s) are subr	nitted for filing.		
Please return a	ll correspor	ndence concerning this matter t	o the following:		
		Pablo Lopez			
		MBRAG LLC	Name of Person		
		195 International Parkway,	Firm/Company Suite 201		
		Lake Mary, FL 32746	Address		
		tina@santekservices.com	City/State and Zip Code		19 (11)) 18
For further inf	ormation co	E-mail address: (oncerning this matter, please ca	to be used for future annual repail:	port notification)	19 AM
Tina Sanchez	: 		at ()	90-9836	9: 2
	Name o	f Person	Area Code	Daytime Telephone Nu	mber —
Enclosed is a	check for th	ne following amount:			
■ \$25.00 Fil	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certi sed) Certi	0 Filing Fee, ificate of Status & ified Copy ional copy is enclosed)
	Registr Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	Registratio	f Corporations	S:

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MBRAG LLC						
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited L Florida document number <u>L19000103717</u>	iability Company	were filed on04/15/2019	and assigned			
This amendment is submitted to amend the foll	owing:					
A. If amending name, <u>enter the new name o</u>	of the limited liab	ility company here:				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or the abb	reviation "L.L.C."			
Enter new principal offices address, if appli	cable:	195 International Parkway, Suite 201				
(Principal office address MUST BE A STREE		Lake Mary FL 32746				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>SBOX)</u>	195 International Parkway, Suite 201 Lake Mary FL 32746	19 Jun 18 A			
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered o office address her	office address on our records, enter t	POR ST			
Name of New Registered Agent:	Pablo Lopez	<u></u>				
New Registered Office Address:	6265 BORDEA	<u> </u>				
	Sanford	Enter Florida street address	71			
	Samoru	, Florida 327	Zip Code			
	B 14 14 .					

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 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Pablo Lopez	6265 BORDEAUX CIRCLE SANFORD, FL 32771	
			□ Remove
			Change
			Add
			□ Remove
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n effective da ste: If the d	te is listed, the date ate inserted in th	: must be specif is block does	ñc and cannot l not meet the	be prior to date applicable st	of filing or more atutory filing re	than 90 days aft equirements, th	er tiling.) Pursua iis date will no	nt to 605.0 t be listed
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The 90th o	day after the	record is fi	iiea.					
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		Signatur	of a member	or authorized r	epresentative of	a member		
	•							

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

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