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## **COVER LETTER**

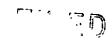
TO:

Registration Section Division of Corporations

SUBJECT: M&G	Services of SWFL, L	LC.	
	Name of Lim	nited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Michael Ma	nn c/o Goldman, Tiseo &	Sturges P A
	nichael na	Name of Person	Sturges, I.A.
	Goldman, T	iseo & Sturges, P.A.	
		Firm/Company	
	701 JC Cen	ter Court, Suite 3	
		Address	
	Port Charle	otte, Florida 33954	
		City/State and Zip Code	
	bigdogmbm@	yahoo.com	
	E-mail address: (	to be used for future annual report not	tification)
For further information co	ncerning this matter, please c	all:	
		2.1	
Ernest W.	Sturges, P.A.	at ( <u>941</u> ) 625-66 Area Code Daviir	ne Telephone Number
Name of	1 (150))	Mea Code Dayin	ne Tetephone Number
Enclosed is a check for the	e following amount:		
₹\$\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)  The Articles of Organization for this Limited Liability Company were filed on	M & G Services OF SWFL, LLC.	2020 J.M -6 AHII: 26
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 "LLC."  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 register agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Lip Code  Zip Code		n June 28, 2019 and assigned
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  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 register agent and/or the new registered office address here:    Name of New Registered Agent:   New Registered Office Address:   Enter Florida street address   Florida     City   Zip Code		
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 register agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Enter Florida	A. If amending name, enter the new name of the limited liability compar	ny here:
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 register agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Enter Florida	The new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or the abbreviation "L.IC."
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 register agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  City Zip Code	Enter new principal offices 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 register agent and/or the new registered office address here:    Name of New Registered Agent:	(Principal office address MUST BE A STREET ADDRESS)	
Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  City  Zip Code		
New Registered Office Address:  Enter Florida street address	B. If amending the registered agent and/or registered office address on o agent and/or the new registered office address here:	ur records, <u>enter the name of the new registere</u>
Enter Florida street address	Name of New Registered Agent:	
City Zip Code	Ente	r Florida street address
·		
N. D. Carlotte, and a second s	City New Registered Agent's Signature, if changing Registered Agent:	Zip Code

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>	<u>Name</u>	Address	Type of Action
AMBR	Gina Tasso	2131 Carpenter Lane	□Add
		North Port, FL 34286	⊠Remove
		· · · · · · · · · · · · · · · · · · ·	
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fan effect <u>Vote:</u> If	date, if other than the date ive date is listed, the date must be spathe date inserted in this block don't effective date on the Department	ecific and cannot be prior ses not meet the applic	to date of filing or mo able statutory filing	(option re than 90 days after fil requirements, this d	ing.) Pursuant to 605 0207
record s f is filed	pecifies a delayed effective date	, but not an effective ti	me, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after the
ated	December	, 2019			
	11-1	Nb		<del>_</del>	
	✓ Signat	ture of a member or author	orized representative of	f a member	