## 119000232671

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## **COVER LETTER**

TO: Registration Se Division of Cor		*	
MBCG2, L	LC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subt	mitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	Roberto Bolona		
		Name of Person	
	MBCG2, LLC		
		Firm/Company	
	620 Sandlewood Ln		
		Address	
	Plantation, FL 33317		
	bolona.roberto@gmail.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notific	cation)
For further information of	concerning this matter, please ca	all:	
Roberto Bolona		954 5365039	
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	□ \$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 Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314 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

MBCG2, LLC		9
	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit Florida document number <u>L19000232671</u>	y Company were filed on September 16,201	and assigned
This amendment is submitted to amend the following	:	2
A. If amending name, enter the new name of the l	imited liability company here:	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AD	DDRESS)	
Enter new mailing address, if applicable:		
enter new maning address, if applicable. (Mailing address MAY BE A POST OFFICE BOX)		
muning unures, with the first out of the broad		
B. If amending the registered agent and/or re registered agent and/or the new registered office a	· ·	enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
<u></u>		da
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR.	MB Capital Group LLC	620 Sandlewood Ln, Plantation FL 33317	
<u> </u>			
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2 Defeat	on data if other than the date of filing:
Note:	we date, if other than the date of filing:
b) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	9/26/2019

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Typed or printed name of signee

Filing Fee: \$25.00