## 119000243195

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COUNTY ANTI-OF

## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

BCGC WC	PRLDWIDE LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Cory Mango		
		Name of Person	
	MIG Holdings, LLC		
		Firm/Company	<del></del>
	2430 Vanderbilt Beach Ro	ad - Suite 108-333	
	,,	Address	\#.
	Naples, FL 34109		
		City/State and Zip Code	
	cory.mango@gmail.com		
	E-mail address: (	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Cory Mango		239 777-1302 at ()	
Name of Person		Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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 Addres		Street Address:	etion
Registration Section Division of Corporations		Registration Sec Division of Cor	
P.O. Box 6327		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BCGC Worldwide, LLC	
(Name of the Limited Liability Company as it no (A Fiorida Limited Liability Co	w appears on our records.) mpany)
he Articles of Organization for this Limited Liability Company were filed	d on 9/25/19 and assigned
orida document number 1.19000243195	
nis amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liability comp	pany here:
GENCY X LLC	
he new name must be distinguishable and contain the words "Limited Liability Compan	
nter new principal offices address, if applicable:	20 KA
Principal office address MUST BE A STREET ADDRESS)	
nter new mailing address, if applicable:	10 H 10 H 10 H 10 H
Mailing address MAY BE A POST OFFICE BOX)	-
. If amending the registered agent and/or registered office address of gent and/or the new registered office address here:	n our records, enter the name of the new regis
Name of New Registered Agent:	
New Registered Office Address:	
E.	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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f an effectiv Note: If t	date, if other the ve date is listed, the he date inserted in	date must be spont this block d	pecitic and o	cannot be pri	or to date of	filing or mo	re than 90 da requiremen	ys after fil	ing.) Purst ate will n	ant to 605.020
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