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## **COVER LETTER**

TO:	Registration Se Division of Cor			
.ie	M&G EUR	O LLC	<b>.</b> .	
SUBJ	ЕСТ:	Name of Lim	ited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub-	mitted for tiling.	
Please	return all correspo	ondence concerning this matter	to the following:	
		GYORGY, MARIANN		
			Name of Person	
		M&G EURO LLC		
	Firm/Company			
		601 CYPRESS LAKE BLVI	J UNIT F	
	Name of Person  M&G EURO LLC  Firm/Company  601 CYPRESS LAKE BLVD UNIT F  Address  DEERFIELD, FL 33064  City/State and Zip Code mandg1lk@gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  SYORGY, MARIANN  at (			
		mandg1llc@gmail.com	City/State and Zip Code	<del></del>
		E-mail address: (	to be used for future annual report notifi	cation)
For fi	erther information c	oncerning this matter, please ca	all:	
GYO	RGY, MARIANN			
	Name o	f Person	Area Code Daytime	Telephone Number
Enclo	sed is a check for th	ne following amount:		
<b>\$</b>	25.00 Filing Fee			

MAILING ADDRESS:

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Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 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

M&G EURO LLC (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  $\frac{10/11/2019}{1}$ and assigned Florida document number L19000246158 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 mame registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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>	<u>Address</u>	Type of Action
MBR	GERGO S SZENDI		
			Remove
	MARIANN GYORGY		Change
MBR	WARIANN GTORGT		Add
			Remove
		• •	■ Change
	<del></del>		
			□ Remove
			Change
			Remove
		<del></del>	☐ Change
	<del></del>		🗅 Add
			Remove
			Change
		· <del></del>	Add
		Remove	
			□ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
Dated	Oht. 16/2019
	Signature of a prember of authorized representative of a member
	MARIANN CYORCY Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00