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COVER LETTER

TO:	Registration Sec Division of Corp			·	
eumu		OBAL INVESTMENT HOLI	DING, LLC		
SUBJE	.CI:	Name of Lim	ited Liability Company		
The end	closed Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please i	return all correspoi	ndence concerning this matter	to the following:		
		CHRISTIAN BOSE			
			Name of Person		
MC GLOBAL INVESTMENT HOLDING LLC					
Firm/Company					
	1645 PATRICIA AVENUE				
Address					
		DUNEDIN, FL 34698			
			City/State and Zip Code		(2)
		MAIL@CHRISTIANBOSE			
		E-mail address: (i	o be used for future annual report notificat	ion)	
For furt	ther information co	ncerning this matter, please ca	ill:		
JENNI	FER HAYES		727 244-2498	(C))
Name of Person Area Code Daytime Telephone Number			lephone Number	j	
				lephone Number	
Enclose	ed is a check for the	e following amount:			
□ \$25	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclo	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MC GLOBAL IN	VESTMENT HOLDING,	LLC	
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appe a Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability (Florida document numberL20000014755	Company were filed on _	JANUARY 21, 2020	and assigned
This amendment is submitted to amend the following:	 ·		
This amendment is submitted to amend the fortowing.			
A. If amending name, enter the new name of the lim	nited liability company	<u>here</u> :	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the	designation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	RESS)		
			
		<u> </u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			_
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our	records, enter the name	of the new registere
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Fi	orida 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 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	JASON ULRICH	3945 MARKET STREET, #206	
		EDINA, MN 55424	□Remove
			□ Change
			🗀 Add
			Remove
			□ Change
			□Add
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Effective date	if other them	the data of 613	ng:				e de la companya de l
note. If the d	ne inserieu in in	is diock does no	and cannot be prior t meet the applicated and the state of State o	to date of filing o able statutory f	or more than 90 iting requirem	(optional) days after filing.) lents, this date v	Pursuant to 605,0207 (vill.not be listed as t
e record specif	es a delayed effa	ective date, but n	ot an effective tir	me, at 12:01 a.:	m. on the earl	ier of: (b) The	90th day after the
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Filing Fee: \$25.00