L200000 61646

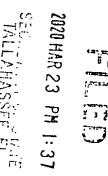
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(Address)	
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APR - 3 2020 C Kinsey

COVER LETTER

The enclosed				
The enclosed		mendment and fee(s) are subsidence concerning this matter	mitted for tiling. to the following:	
		dence concerning this matter	to the following:	
Please return a	all correspon	_		
		Jeffrey Alper	Name of Person	
			Name of Person	
			Firm/Company	
		14665 Reserve LN		
			Address	· · ·
		Naples, FL 34109		
		jalpermd@gmail.com	City/State and Zip Code	
		E-mail address: (t	o be used for future annual repor	rt notification)
For further int	formation co	ncerning this matter, please ca	dI:	
Hanna Ebmey	ver		800 375-24	
	Name of	Person	Area Code D	aytime Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 Fi	ling 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 enclosed)

MAILING ADDRESS:

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

MNA GAA, "LLC		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number <u>L20000061646</u>	Company were filed on February 25, 2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	2020 S.A.
MNA GAA, LLC		HA TO
The new name must be distinguishable and contain the words "Lit	mited Liability Company," the designation "LLC" or	the abbreviation L.L.Cinario
Enter new principal offices address, if applicable:		3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
(Principal office address MUST BE A STREET ADD	RESS)	<u> </u>
		Pr ü
		C: 7
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reging registered agent and/or the new registered office additional agent and/or the new registered office additional agent.	_	nter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	791 / 2	
	, Florid	a 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 adde or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			
,			☐ Remove
	•		Change
			Add
			Remove
			□ Change
			□ Remove
			Change
			□ Remove
			□ Change

	
	
Effective date, if other than the date in the date is listed, the date must Note: If the date inserted in this blood document's effective date on the Department.	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ck does not meet the applicable statutory filing requirements, this date will not be listed as
ne record specifies a delayed The 90th day after the reco	effective date, but not an effective time, at 12:01 a.m. on the earlier of rd is filed.
Dated March 6	2020
<u>-</u>	Signature of a member or authorized representative of a member
Scott Anderson	

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Filing Fee: \$25.00