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COVER LETTER

	ration Section n of Corporations						
KA SUBJECT:	MG INTERNATIONAL LLC						
Name of Limited Liability Company							
The enclosed Ar	ticles of Amendment and fee(s) are submitted for filing.						
Please return all	correspondence concerning this matter to the following:						
	HAIDY JENSEN						
	Name of Person						
	Firm/Company						
1240 CASTILE AVENUE							
	Address						
	CORAL GABLES, FL 33134						
	City/State and Zip Code						
	LULUJENSEN@GMAIL.COM E-mail address: (to be used for future annual report notification)						
For further info	rmation concerning this matter, please call:						
HAIDY JENSE							
	Name of Person Area Code Daytime Telephone Number						
Enclosed is a ch	eck for the following amount:						
≡ \$25.00 Filin	ng Fee \$\frac{1}{2}\$\$30.00 Filing Fee & \$\propto \$\$\$ \$55.00 Filing Fee & \$\propto \$\$\$ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) \$\$\$ Certified Copy (additional copy is enclosed)						

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED **OF**

2021 JAN 26 PH 1: 17

(Name of the Limited Liability Compa (A Florida Limited I		<u> PETADY OF STA</u> TE
	ny as it now appears on our resp. A liability Company)	LAMASSEE, OF L
he Articles of Organization for this Limited Liability Company	were filed on 11/24/2020	and assigned
lorida document number L20000370919		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	"or the abbreviation "L.L.C."
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		
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	nddress on our records, <u>enter</u>	the name of the new register
Name of New Registered Agent:		
Name of New Registered Agent:		
	Enter Florida street addres.	5
Name of New Registered Agent:		orida
Name of New Registered Agent:		
Name of New Registered Agent:	, Flo	orida

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name C S	Address	Type of Action
AMBR	CARVALHO E MELLO DANIELINES	1240 CASTILE AVENUE	□Add
		CORAL GABLES, FL. 33134	□Remove
			□Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) THE NAME OF ONE OF THE MEMBERS ON THE ORIGINALLY FILED ARTICLES OF ORGANIZATION DID NOT INCLUDE THE ENTIRE LAST NAME AS PRINTED ON HIS DRIVERS LICENSE THE INCOMPLETE LAST NAME ON THE FILED ARTICLES WAS "DANIELIDES" THE CORRECT LAST NAME IS "CARVALHO E MELLO DANIELIDES" PLEASE AMEND IN INCLUDE THE ENTIRE LAST NAME Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ord is filed. Dated __ 2021 Signature of a member or authorized representative of a member HAIDY JENSEN Typed or printed name of signee