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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number

: (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:		<del> </del>	<del></del>		
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MBV EXCHANGE LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION 1

MBV Exchange LLC			_
( <u>Name of the Limited Liability C</u> (A Florida Lir	ompany as it now appears on our records.) mited Liability Company)	-	_
The Articles of Organization for this Limited Liability Com	pany were filed on 12/09/2020	an	d assigned
Florida document number L20000384459			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	I liability company here:		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" of	or the abbreviation	on "L.L.C."
Enter new principal offices address, if applicable:		··	
(Principal office address MUST BE A STREET ADDRES	<u> </u>	<del></del>	
		<u>:</u>	2020 DEC
		<u>:_</u>	
Enter new mailing address, if applicable:			CERTAIN CONTRACTOR
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	<del>7</del> i
— ·		<u> </u>	A .
		<del></del>	
B. If amending the registered agent and/or register registered agent and/or the new registered office address	ed office address on our records, s here:	enter the na	a <del>me</del> of the ne
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		<del></del>
	. Flor	rida	
	City		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
MGR	Michael Beverly	7901 4TH ST N STE 300	
		ST. PETERSBURG, FL 33702	☐ Remove
AMBR	Holger Bartels	7901 4TH ST N STE 300	🗹 Add
		ST. PETERSBURG, FL 33702	B Remove
			Change
			🗆 Remove
			Change
	<del> </del>		
			□ Remove
			Change
			☐ Change
			Remove
			Change

			<del></del>
			<u> </u>
Effective date, if other than the	e date of filing:		(optional)
If an effective date is listed, the date mu	st be specific and cannot be prior lock does not meet the application.	to date of filing or more that	n 90 days after filing.) Pursuant to 605.0207 rements, this date will not be listed as
ne record specifies a delaye The 90th day after the rea	d effective date, but no tord is filed.	t an effective time,	at 12:01 a.m. on the earlier of
Dated 12/16	2020	<u></u> .	
~~	$\wedge$	orized representative of a m	

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Typed or printed name of signee

Filing Fee: \$25.00