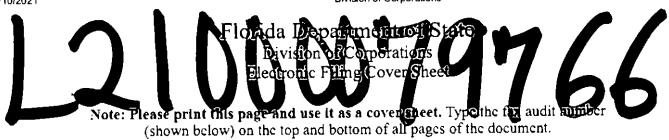
3/10/2021

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAX, ACCOUNTING & FINANCIAL PRO, INC

Account Number : I20120000058 : (305)760-2011 Phone Fax Number : (866)895-8710

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

epuka76@aol.com Email Address:_____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MGC CAPITAL PARTNERS LLC

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March 9, 2021

FLORIDA DEPARTMENT OF STATE Division of Corporations

MGC CAPITAL PARTNERS LLC 21055 NE 37TH AVE APT 2707 AVENTURA, FL 33180US

SUBJECT: MGC CAPITAL PARTNERS LLC

REF: L21000079766

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

The fax audit sheet submitted is for a LP/LLLP (Limited Partnership). This company is an LLC (Limited Liability Company).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

FAX Aud. #: H21000090205 Letter Number: 621A00004942

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MGC CAPITAL PARTNE					
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on ou apany)	ur records.)			
the Articles of Organization for this Limited Liability Company were filed lorida document number	on)2-16-2021	and assigned		
his amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability compa	any here:				
he new name must be distinguishable and contain the words "Limited Liability Company	y," the designat	tion "LLC" or the s	abbreviation "L.L.O"		
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 address on	a our record	ls, enter the na	me of the new registe		
gent and/or the new registered office address here:					
Name of New Registered Agent:					
New Registered Office Address:	inter Florida str	reet address			
	. Florida				
City		, ribrius _	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:					

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>	Name	Address	Type of Action
AMBR	MARIANA GARCIA CERVERA	21055 NE 37TH AVE	= Add
		APT 2707	
		AVENTURA, FL 33180	☐ Change
			□Add
		<u></u>	□ Remove
			Remove 1 1 1 2: 20 Change O Add S Change O Remove 2 Change O Remove 2 Change Change
			[] Change
			□Remove
			☐ Add
			□Remove
			□Remove

D. Ifamer	nding any other infor	mation, enter ch	ange(s) here:	(Attach additie	onal sheets, if	necessary.)			
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If the record record is file	l specifies a delayed effe ed.	ective date, but not a	an effective time	e, at 12:01 a.m.	on the earlier o	f: (b) The 90)th day afte	r the	
Dated _	MARCH 03		2021						
		Signature of a n	wice - (n. Cic.	() zed representative	of a member				
			·	.CIA CERVER.	ſ				
			Typed or printed	name of signee					