L21000126618

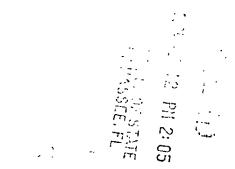
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Special Instructions to	o Filing Officer.	

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TO:

Registration Section

COVER LETTER

Divi	sion of Corpo	erations			
	MRG TECH	SERVICES, LLC			
SUBJECT:	-	Name of Lim	ited Liability Company		
The enclosed	Articles of Ar	mendment and fee(s) are sub	mitted for filing.		
Please return	all correspond	ence concerning this matter	to the following:		
		Michael Godfrey			
			Name of Person		
		MPGODFREY, LLC			
			Firm/Company		
		4970 Fay Blvd.			
		-	Address		
		Cocoa, FL 32927			
			City/State and Zip Code	e	
		mgodfrey@gmail.com	to be used for future annua	T	
For further in	formation con	cerning this matter, please c		и герон поинсацоп)	
Michael God	frey			78-6545	
	Name of P	erson	Area Code	Daytime Telepho	ne Number
Enclosed is a	check for the	following amount:			
■ \$25.00 Fi	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is en		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mail</u>	ing Address:		Street /	Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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 OF

MRG TECH SERVICES, LLC					
(Name of the Limited (A	Liability Comp Florida Limited	any as it now appears on our r Liability Company)	ecords.)		
The Articles of Organization for this Limited Liab Florida document number L21000126618	ility Company 	were filed on 03/17/2021		and ass	igned
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of th	ne limited liab	oility company here:			
MPGODFREY, LLC					
he new name must be distinguishable and contain the word	ls "Limited Liab	ility Company," the designation	"LLC" or the abbrev	iation "L.	C."
Enter new principal offices address, if applicab	le:	(Unchanged)			
Principal office address MUST BE A STREET	ADDRESS)				
				(N)	
inter new mailing address, if applicable:		(Unchanged)	: : :- ::::::::::::::::::::::::::::::::	· }	
Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>		is 7	i`.)	
			商员	PH	, i ;
			F	ιö	T _{ime} ,
3. If amending the registered agent and/or regi gent and/or the new registered office address b		address on our records, e	enter the name of	f tha new	registe
Name of New Registered Agent:	Michael Godfr	rey			
New Registered Office Address:	4970 Fay Blvd	1.			
		Enter Florida street a	uldress		
	Cocoa		Florida 32927		

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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

J. B. 1997

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Michael R. GODFREY	4970 Fay Blvd.	□Add
		Cocoa, FL 32927	□Remove
			■Change
AMBR	Patricia K. GODFREY	4970 Fay Blvd.	□ Add
		Cocoa, FL 32927	Remove
			≣ Change
			□Add
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Filing Fee: \$25.00