L21000173361

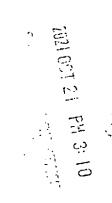
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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10/20/21--01003--001 **25.00



COVER LETTER

| TO: Registration Division of C | | | |
|-----------------------------------|--|---|---|
| | ords LLC | | |
| | | ited Liability Company | |
| The enclosed Articles | of Amendment and fee(s) are sub | mitted for filing. | |
| Please return all corre | spondence concerning this matter | to the following: | |
| | Jacqueline Quiroga | | |
| | | Name of Person | |
| | ZenBusiness INC | | |
| | | Firm/Company | |
| | 5511 Parkcrest Drive STE | 103 | |
| | | Address | |
| | Austin, Texas, 78731 | | |
| | | City/State and Zip Code | |
| | fulfillment@zenbusiness.co | | |
| | | to be used for future annual report no | tilication) |
| For further informatio | n concerning this matter, please ea | all: | |
| Jacqueline Quiroga e/ | o ZenBusiness INC | 844 493-6249 at () | |
| Nam | e of Person | Area Code Daytis | me Telephone Number |
| Enclosed is a check fo | r the following amount: | | |
| ■ \$25.00 Filing 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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| MG Records LLC | | |
|---|--|------------------------|
| (<u>Name of the Limited Liabili</u> (A Florid | ity Company as it now appears on our records.) a Limited Liability Company) | |
| The Articles of Organization for this Limited Liability C Florida document number $\frac{L21000173361}{L21000173361}$ | Company were filed on <u>04/14/2021</u> | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lim | nited liability company here: | |
| MG Bullies LLC | | |
| The new name must be distinguishable and contain the words "Lin | nited Liability Company," the designation "LLC" or the | abbreviation "L.1C." |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDI | RESS) | |
| Enter new mailing address, if applicable: | <u> </u> | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registere agent and/or the new registered office address here: | ed office address on our records, <u>enter the na</u> | me of the new register |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | 2) STAT |
| | . Florida | 3: 10 |
| | City | 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 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 |
|--------------|-------------|---------|----------------|
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| Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the Department. | be specific and cannot ck does not meet the | applicable statuto | ing or more than 90 da ry filing requiremen | (optional) ys after filing.) Pursuant its, this date will not l | to 605.0207 be listed as |
| record specifies a delayed effective | date, but not an effe | ective time, at 12:0 | I a.m. on the earlie | r of: (b) The 90th da | y after the |
| d is filed. | | | | | |
| t is filed. | 2021 | | | | |
| October 15th Dated | | | | | |
| October 15th Dated | /S/ AF | | entative of a member | | |

Filing Fee: \$25.00