15612148442

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000385389 3)))



**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC

Account Number : 110432003053 Phone : (561)694-8107

Fax Number : (561)214-8442

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

			•
Email	Address:		

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INVESTMENTS MGA LLC

Certificate of Status 0 Certified Copy 04 Page Count Estimated Charge \$25.00

Electronic Filing Menu Corporate Filing Menu

OCT 18 2021

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INVESTMENTS MG			
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records. bility Company)	)	
The Articles of Organization for this Limited Liability Company w Florida document number <u>L21000190967</u> .	rere filed on May 3, 2021	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company here:		
The new name must be distinguishable and contain the words "Limited Liability	y 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)		F-2	
		THE STATE OF THE S	
Enter new mailing address, if applicable:		王为 切	
(Mailing address MAY BE A POST OFFICE BOX)		S 2	
		Ho 0	
		20 FL	
B. If amending the registered agent and/or registered office ac agent and/or the new registered office address here:	ldress on our records, <u>enter</u>	the name of the new registere	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address	r	
	. Florida		
	, FIC	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:

→ 18506176383

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	MENZEL AMIN BAJAIRE	16748 N.W. 13th Ct.	\overline Add
			[]Remove
		Pembroke Pines, Florida 33028	Change
MGR	GLADYS AVENDANO CRUZ	16748 N.W. 13th Ct.	
		Pembroke Pines, Florida 33028	Change
			□Add
			☐ Remove
			☐ Change
			□∧dd
			☐ Change
			□Add
			Remove
			Change
			🖸 Add
			□Remove
			Change

D. If

15612148442

	aler-t		
	<del>/</del>		
	/		
		444	100
fective date, if other than the	date of filing:t be specific and cannot be prior to date	(op	tional) er filing ) Pursuant to 605.020
ote: If the date inserted in this blo	ock does not meet the applicable st	tatutory filing requirements, t	nis date will not be listed a
ocument's effective date on the De	epartment of State's records.		
record specifies a delayed effectiv is filed.	e date, but not an effective time, at	12:01 a.m. on the earlier of:	(b) The 90th day after the
	2021		

Signature of a member or authorized representative of a member

Typed or printed name of signce

MARIA AMIN