121000226158

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TALLAHASSEE, FLORIDA

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COVER LETTER "

	Registration Se Division of Cor			4.		
SUBJEC	M.G.K. Te	ch. LLC				
20	••	Name of Lin	nited Liability Company			
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please ret	urn all correspo	ondence concerning this matter	to the following:			
		Flavio Gonzalez			7. 29	
			Name of Person		MACCO TO STATE OF THE STATE OF	المحسد
		M.G.K. Tech. LLC.	2021 HAY 26			
			Firm/Company		388 100 100 100 100 100 100 100 100 100 1	
		411 Walnut Street # 1813	1		SEELFLORIG	
			Address			
		Green Cove Springs, Flori	da 32043		92.	
			City/State and Zip Code			
		Fegonzalez I 173@icloud.co				
		E-mail address: (to be used for future annual report notified	ation)		
For furthe	r information c	oncerning this matter, please c	all:			
Flavio Go	onzalez		+52 322 2662654 at ()	•		
	Name o	f Person	Area Code Daytime T	elephone Number		
Enclosed	is a check for th	ne following amount:				
□ \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

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

M.G.K. Tech		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on d Liability Company)	our records.)
The Articles of Organization for this Limited Liability Compar	ny were filed on May 14	4, 2021 and assigned
Florida document number L21000226158		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ibility company here:	
M.G.K. Tech. LLC		
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS		:- ~
		121
		2
Enter new mailing address, if applicable:		Si N
		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
		20 5
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our recor	ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida si	treet address
		, Florida
	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 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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			□Remove
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ed) The 90th day after the
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Havo Donzelz	
Signature of a member or authorized representative of a member	

Filing Fee: \$25.00