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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number : (855)330-1010

\*\*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 MGW LIFESTYLE LLC

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

M. SOLOMON MAR 3 1 2023

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MGW Lifestyle LLC		
( <u>Name of the Limited Llability Com</u> (A Florida Limite	pany as it now appears on our records. d Liability Company)	.)
The Articles of Organization for this Limited Liability Compare Florida document number <u>L21000270720</u> .	ny were filed on 06/10/21	and assigned
Florida document number LZ 1000Z 107Z0		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility 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)		<b>202</b>
in the same of the		;
	**********	<del>▼ 7 7 1</del>
		30 S S S S S S S S S S S S S S S S S S S
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	·	
		<u> </u>
		<i>₹</i> *** <b>८</b> 1
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:		<u> </u>
New Deviatored Office Address:		
New Registered Office Address:	Enter Florida street address	
	Flor	rida
	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
AMBR	Bradley, Bianca	7901 4th St N STE 300	<b>X</b> <sup>1</sup> Add
		St. Petersburg, FL 33702	□Remove
			□Change
AMBR	Frazier, Leila	7901 4th St N STE 300	<b>∑</b> JAdd
		St. Petersburg, FL 33702	□Remove
			□Change
<del></del>			
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			□Remove
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Note: If the	ate, if other than the dat date is listed, the date must be e date inserted in this block of effective date on the Depart	specific and cannot be prior to date of fi does not meet the applicable statute	(optiona ling or more than 90 days after filin ory filing requirements, this day	l) g.) Pursuant to 605.02 ie will not be listed	207 (3) as the
e record spec ard is filed.	cifies a delayed effective dat	e, but not an effective time, at 12:0	II a.m. on the earlier of: (b)	he 90th day after th	he
Dated	03/30	. 2023			
		Rolling Johns			

Filing Fee: \$25.00