## h21 000 325962

(Requestor's Name)	
(Address)	200373050322
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	09/17/2101012019 **52.50
(Document Number)	
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## **COVER LETTER**

TO: Amendment Section

**Mailing Address** 

P.O. Box 6327

Amendment Section

Division of Corporations

Tallahassee, FL 32314

Division of Corporations	
NAME OF CORPORATION:	MGG FUND MANAGEMENT, LLC L 21000 325 962
DOCUMENT NUMBER:	L 21000 323 962
The enclosed Articles of Amendment an	d fee are submitted for filing.
Please return all correspondence concern	ning this matter to the following:
	GRÉG CAPELLO
<del> </del>	Name of Contact Person
	Firm/ Company
5703	TAMPA, FLORIDA 33616 City/ State and Zip Code
	Address
	TAMPA, FLORINA 33616
	City/ State and Zip Code
	GCAPELLO123@ GMAILICOM.
E-mail addre	ess: (to be used for future annual report notification)
For further information concerning this i	natter, please call:
	1)
GREG CAPEL	
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following am	nount made payable to the Florida Department of State:
□ \$35 Filing Fee □\$43.75 Fil Certificate	

Street Address Amendment Section

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

Curt 2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MGG FUND MANAGEMENT, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compan	y were filed on July 19, 2021	_and assigned,
Florida document number <u>L 21000 325962</u>	•	Gr.
This amendment is submitted to amend the following:		and assigned
A. If amending name, enter the new name of the limited lia	bility company here:	مرد م
MGG CAPITAL, LLC	7	·. 2
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:	SAME AS ORIGINAL	<u>,                                     </u>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	SAME AS OLIGINAL  e address on our records, enter the name of  White As Oliginal  SAME AS Oliginal	of the new registered
New Registered Office Address:	SANK AS ORIGINAL	
•	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance of my duties, and I am fan provided for in Chapter 605, F.S. Or, if	niliar with and this document is

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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
	Name  NA		
			□Remove
			□Change
			□Add
			□Remove
			Change
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			□Remove
			□ Change

## Page 2 of 3

	N/A
	<del></del>
. Effec	tive date, if other than the date of filing: (optional)
	ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 : If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
	ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
) Th	e 90th day after the record is filed.
Date	Sept 15, 2021
	$\mathcal{L}_{\mathcal{L}}}}}}}}}}$
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	- Jan often
	Signature of a member or authorized representative of a member