

L21 000452395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

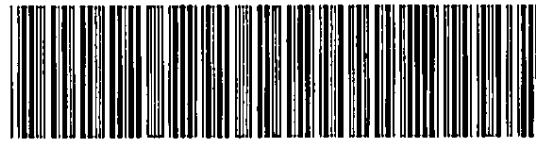
(Business Entity Name)

(Document Number)

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FILED
2021 DEC 27 AM 7:07
SECRETARY OF STATE
TALLAHASSEE, FL

JAN 1 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MG. LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gaude Michel
Name of Person

MG. LLC
Firm/Company

2234 Cafano Dr
Address

Orlando Florida 32818
City/State and Zip Code

Gaude28@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gaude Michel at (321) 557-5736
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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 **FILED**
OF

2021 DEC 27 AM 7:07

HG LLC

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

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 10-18-2021 and assigned
Florida document number 221000452395

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(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 address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Woosterly Bier-Aimé

New Registered Office Address:

7234 Cafard Dr Orlando Florida
Enter Florida street address

Orlando, Florida 32818
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.

Handwritten Signature
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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|----------------|-----------------------|
|--------------|-------------|----------------|-----------------------|

| | | | |
|-----|--------------|--------------------------|---|
| MGR | Maude Michel | 7234 Cafaro Dr. Al 32818 | <input checked="" type="checkbox"/> Add |
|-----|--------------|--------------------------|---|

_____ ☐ Remove

_____ ☐ Change

| | | | |
|------|--------------|--------------------------|---|
| AMBR | Maude Michel | 7234 Cafaro Dr. Al 32818 | <input checked="" type="checkbox"/> Add |
|------|--------------|--------------------------|---|

_____ ☐ Remove

_____ ☐ Change

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(If an effective 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)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 12-21-2021

Maude Michel
signature of a member or authorized representative of a member

Maude Michel
Typed or printed name of signer

Filing Fee: \$25.00