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Office Use Only



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A. BUTLER FEB 14 2022

COVER LETTER

TO: Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT: MG Acquas	capes, LLC.
Name of Limi	ited Liability Company
The enclosed Articles of Amendment and fee(s) are sub-	mitted for filing.
Please return all correspondence concerning this matter	to the following:
	Goldwasser Name of Person
ME A	- (quascapes LLC. Firm/Company
10135	Dogwood Ave.
	City/State and Zip Code Company C
For further information concerning this matter, please ca	
Reed Coldwasser	at (S61) 847-0434 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	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

MG Acqua	Scares,	LCC	
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now apported Limited Liability Compan	<u>v</u>)	
The Articles of Organization for this Limited Liability Florida document number <u>L 22000</u> 26	y Company were filed on	January 12.2022 and assigned	
This amendment is submitted to amend the following	Ç.		
A. If amending name, enter the new name of the land and contain the words." The new name must be distinguishable and contain the words."			
$ Enter\ new\ principal\ offices\ address, if\ applicable:$			
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address her		r records, enter the name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:	Europ I	Florida street address	
	Emer Furida Sirvet duaress		
_	City	, Florida 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 = Authorized Member

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

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional) (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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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. Signature of a member or authorized representative of a member

Filing Fee: \$25.00