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| (Requestor's Name) |
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| (Address) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| , , , , , , |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
| (Soomes Emily Hame) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer |
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COVER LETTER

| TO: | Registration Se Division of Cor | | | | |
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| | A COURT CALL | TED DDIGES III G | · | | • |
| SUBJI | ECT: MGHPEN | TERPRISES, LLC | h marian o | | |
| | | Name of Lim | ited Liability Company | | |
| , | | · | | | |
| The en | closed Articles of | Amendment and fee(s) are sub | mitted for filing. | | • |
| Please | return all correspo | ndence concerning this matter | to the following: | | |
| • | | | | · · · : | |
| | | Hal Porcelain | | | _ |
| | | | Name of Person | · | _ |
| | | MGHP ENTERPRISES. L | .LC | | |
| | | - | Firm/Company | | |
| | | 26 Diplomant Perkway un | it 2305 | | |
| | | • | Address | | - |
| | | Hallandale Beach Florida | 33009 | | |
| | | - | City/State and Zip Code | | _ |
| | | halporcelain7321@gmail.co | · · · · · · · · · · · · · · · · · · · | | |
| For fur | ther information co | E-mail address: (oncerning this matter, please or | to be used for future annual report notit | ication) | |
| Hal Po | orcelain | | at (954) 243 1429 | | |
| | Name of | Person | Area Code Daytime | Telephone Numbe | r |
| | | | | | |
| Enclos | ed is a check for th | e following amount: | | | |
| ≡ \$2 | 5.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified | ite of Status & |
| | | | | . • | |
| | Mailing Addres | s: | Street Address: | | |
| Registration Section | | | Registration Sec | ction | |
| | Division of C | | Division of Corporations | | |
| | P.O. Box 632 | | The Centre of T | | |
| | Tallahassee, I | FL 32314 | 2415 N. Monroe | e Street, Suite 8 | 310 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| MGHP ENTERPRISES, LLC | | | |
|---|---|--|---------------------|
| (<u>Name of the Limited</u> | Liability Compa Florida Limited I | ny as it now appears on our records.) Liability Company) | . |
| The Articles of Organization for this Limited Lial lorida document number L22000096962 | oility Company | were filed on February 23,2022 | and assigned |
| his amendment is submitted to amend the follow | ving: | | |
| . If amending name, enter the new name of t | he limited liab | ility company here: | |
| he new name must be distinguishable and contain the wor | ds "Limited Liabil | ity Company," the designation "LLC" or the ab | |
| nter new principal offices address, if applical | ole: | 26 Diplomant Parkway unit 2305 | 4 |
| rincipal office address MUST BE A STREET | • | Hallandale Beach Florida 33009 | |
| | | | |
| nter new mailing address, if applicable: | | 26 Diplomant Parkway unit 2305 | |
| Mailing address MAY BE A POST OFFICE BOX) | | Hallandale Beach Florida 33009 | - |
| . If amending the registered agent and/or regent and/or the new registered office address | .* | address on our records, enter the nam | e of the new regist |
| Name of New Registered Agent: | Hal Porcélain | | |
| New Registered Office Address: | 26 Diplomant Parkway unit 2305 Hallandale Beach Florida 33009 | | |
| • | | Enter Florida street address | |
| | Hallandale Bea | ch, Florida ³³ | 009 |

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.

Zip Code

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> | Name | Address | Type of Action |
|--------------|--------------|---|----------------|
| MGR | Michael Gibb | 5838 COLLINS AVE APT 2B City-State-Zip: M | IAMI 🗆 Add |
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| Effective date, | if other than the date | of filing:ecific and cannot be prior to date of filing or mon | (optional) | |
| Note: If the date | e inserted in this block do | es not meet the applicable statutory filing i | e than 90 days after filing.) Pursuant to 605.020 requirements, this date will not be listed a | s the |
| | ctive date on the Departm | nent of State's records. | | • |
| record specifies | s a delayed effective date, | , but not an effective time, at 12:01 a.m. on | the earlier of: (b) The 90th day after the | : |
| rd is filed. | | | | |
| Dated August 9. | . 2024 | .2024/ | | |
| INTER MUMBUSE 7. | | | | |