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PICK-UP	☐ WAIT	MAIL
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9/25/2022

COVER LETTER

TO: Registration So Division of Cor			
	MGX	1100	•
SUBJECT:	Name of Lim	sited Liability Company	·
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	٨	N	
		Mabel Otero	
	. .	Name of Person	
	1//	Firm/Company	
	40) 3 Poinsettia	- Ave
		Address	
	1 e hiah	Acres El 3	\3977
		ACYES F1. 3 City/State and Zip Code	<u> </u>
		lutions 770 y anoc	
		to be used for future annual report noti	lication)
or further information c	oncerning this matter, please co	all;	
Maloel C	Hero_	at (<u>516</u>) <u>507</u> -	-0640
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	ne following amount:		
\$\sqrt{\$25.00 Filing Fee}	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	c·	Straat Addrace	
Registration !		<u>Street Address:</u> Registration Se	ction
Division of C	-	Division of Cor	
P.O. Box 632 Tallahassee.		The Centre of T 2415 N. Monro	allanassee e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MGX	Lilic	2022 .J*;;;	28 / 1 9:47
(Name of the Limited Li (A F)	iability Company as it now appe forida Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liabili		04/27/2022	and assigned
This amendment is submitted to amend the followin	iā:		
A. If amending name, <u>enter the new name of the</u>	limited liability company b	<u>here</u> :	
The new name must be distinguishable and contain the words	"Limited Liability Company," the	designation "LLC" or the abb	reviation "L.L.C,"
Enter new principal offices address, if applicable	:		
(Principal office address MUST BE A STREET A)	DDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX	<u></u>		
	····		
B. If amending the registered agent and/or regist agent and/or the new registered office address he		records, enter the name	of the new registered
Name of New Registered Agent:	Manuel	otero	
New Registered Office Address:	Enter Fl	orida street address	
_		Florida	
	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 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
MBR?	Manuel Otero	403 Poinsettia Ave	
		Legnish Acres, FL 33	972 Likemove
			□Change
AMBR	Mabel Otero	403 Poinsettia Ave	
		Leghish Acres, FL 3397.	_ _□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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ffactiva	ve date, if other than the date of filing:	(optional)
an effect <u>ote:</u> If	ective date is listed, the date must be specific and cannot be prior to d. If the date inserted in this block does not meet the applicable ent's effective date on the Department of State's records.	ate of filing or more than 90 days after filing.) Pursuant to 605.0207
record s is tiled	d specifies a delayed effective date, but not an effective time, ed.	at 12:01 a.m. on the earlier of: (b) The 90th day after the
	June 23 . 2022.	
ated	June 23 . 2022.	
ated	Signature of a member or authorize	