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COVER LETTER

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TO:

TO: Registration So Division of Coa					
MGP, LLC					
SUBJECT:	Name of Lin	nited 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:			
	JACQLIAN R VAUGHN				
		Name of Person			
	<u> </u>	Firm/Company			
	4346 Bridgewater Club Lo	юр			- •
	-	Address	7	, ,	Status &
	Spring Hill, FL 34607				
		City/State and Zip Code			ίΩ
	JACQLIANV@michaelmal	kalasecom.store to be used for future annual report notif	Gention \	,	
For further information e	oncerning this matter, please c	·	icanon,		:
JACQLIAN R VAUGH		254 290*0093 at ()		•••	
Name o	f Person	Area Code Daytime	2 Telephone Number		
Enclosed is a check for the	ne following amount:				
i≯ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Fi Certificat Certified (additional	te of Stati Copy	
Mailing Addres Registration S		Street Address: Registration Sec	tion:		
Division of C	orporations	Division of Cor			
P.O. Box 632		The Centre of T		10	
Tallahassee, l	rl 32314	2415 N. Monroe	e Street, Suite 8	10	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT -TO ARTICLES OF ORGANIZATION OF

MGP, LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on outed Liability Company)	ir records.
The Articles of Organization for this Limited Liability Comp Florida document number 1.22000393894	oany were filed on <u>09/08/20.</u>	22 and assigned
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 I	liability Company," the designa	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered offagent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		•
	Enter Florida st	vet address
	City	Florida
New Registered Agent's Signature, if changing Registered Agent's	·	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacted the obligations of my position as registered agent being filed to merely reflect a change in the registered o	l agree to act in this capa plete performance of my o t as provided for in Chap	hities, and I am familiar with and ter 605, F.S. Or, if this document is

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>	Name	Address	Type of Action
MGR	JACQLIAN R VAUGHN	4346 Bridgewater Club Loop	≣ Add
		Spring Hill, FL 34607	□Remove
			□Change
			□Add
			□Remove
			□ Change
			ÖAdd
			□Remove
			□ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
			⊟Remove
			□Change
			□Add
			Remove
			□Change
			□Remove
			□ Change

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•	<u> </u>
effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or If the date inserted in this block does not meet the applicable statutory filiment's effective date on the Department of State's records.	(optional) more than 90 days after filing.) Pursuant to 605 ing requirements, this date will not be list
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m filed.	, on the earlier of: (b) The 90th day afte
d May 3rd 2023	
1 /	

Filing Fee: \$25.00