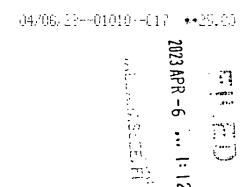
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S. FRANKLIN MAY 2 1 2003

COVER LETTER

	Registration So Division of Cor			
ern irz		ling Enterprises LLC		
SUBJEC	I:	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filling.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		Michael G Strickland		
			Name of Person	
		MGS Building Enterprises	SLLC	
			Firm Company	
		4205 S 57th Ave		
			Address	
		Greenacres, FL 33463		
			City/State and Zip Code	
		michaelrahauser@yahoo.co	om	
		E-mail address: (to be used for future annual report not	ification)
For furthe	r information c	oneerning this matter, please c	all:	
Michael 0	G Strickland		561 770-2166 at ()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed	is a check for tl	ne following amount:		
■ \$25.0	0 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 Addres Registration S		Street Address: Registration Se	ection
	Division of C		Division of Co	
	P.O. Box 632		The Centre of	
-	Fallahassee 1	F1 57514	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MGS Building Enterprises LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears on our record liability Company)	<u>s.</u>)
he Articles of Organization for this Limited Liability Company	were filed on 03/10/2023	and assigned
lorida document number 1.23000125578		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	ility company here:	
ne new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	" or the abbreviate "L.L.C."
nter new principal offices address, if applicable:		P T
Principal office address MUST BE A STREET ADDRESS)		
		<i>y</i>
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered office agent and/or the new registered office address here:	nddress on our records, <u>enter</u>	the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	D . 19 -1	
	Enter Florida street addres.	N.
	, Flo	orida
	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 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
MGR	Michael G Strickland	4205 S 57th Ave, Greenacres, FL 33463	■Add
			□Remove
			= Change
			LIRemove
			Change
·			
			[]Remove
		,	Change
			
			Remove
			Change
			LIRemove
			TChange
	 		
			□Remove
			-Change

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			·	
ffective date, if other than the an effective date is listed, the date mu otte: If the date inserted in this become the offerties date and the feature of th	st be specific and cannot b lock does not meet the	applicable statutory	or more than 90 days at	
ocument's effective date on the D	epartment of state's re	cords.		
record specifies a delayed effectives is filed.	e date, but not an effec	ctive time, at 12:01 a	i.m. on the earlier of:	(b) The 90th day after the
March 22	2023			
		 ·		

Typed or printed name of signce