L23000 144104

((Requestor's Name)
	(Address)
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	MGN Holding	ing Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	M_i	Ke Harrise	
	/	MGW Hold in	45, LLC
	4095 South	Address	West Palm Back, FE33406
	West Mike	Polyn Beach, For City/State and Zip Code HOPreferred to be used for future annual report noti	(abling, com
For further information	concerning this matter, please co	all:	
Name	of Person	at (561) 465 Area Code Daytim	2-6838 ne Telephone Number
Enclosed is a check for	the following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

MEN	Holdings, LL	<u></u>
(Name of the Limited (A	Liability Company as it now appears or Florida Limited Liability Company)	one records")
The Articles of Organization for this Limited Liab Florida document number	oility Company were filed on	$\frac{3/21/2023}{}$ and assigned
(Nemc of the Limited L		
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the design	
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	
	***	7 50
		3
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	<u> </u>
		ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	p. 27	
	Enter Florida st	reel address
_	72.	
	City	ги Соде

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 heing 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 = Ai	uthorized Member		
Title	Name	Address	Type of Action
MGR	Gary Nygest	4095 Southern BLVD #20 West Palm Bruch, FL 3341	Z []Add
	, 0	West Palm Bruch, FL 3341	Of GRemove
			GChange
MGR	Michael Harrison	4095 Sether BLVD #207	Add
		(Nost Palm Brack, F. 35)	966 □Remove
			Change
			□Add
			□Remove
			🗆 Change
			C)Add
			□ Remove
			Change
			[]Add
			□Remove
			Change
			🖸 Add
			©Remove
			C/>

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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if an ci	tive date, if other than the date of filing:
e reco rd is f	rd 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 iled.
Dated	July 17 . 2023.
	-M
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00