12400001575

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	itate/Zip/Phone	e #)
PICK-UP		MAIL
(Busin	ess Entity Nan	ne)
(Docur	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fili	ng Officer:	

Office Use Only



01/22/24--01015--025 **25.00

1 71 (J. 22) (A. 7: 24)

	<i>,</i>	(COVER LETTER	
	MG Resin a	nd Epoxy Flooring LLC		
SUBJECT:			ited Liability Company	
The enclosed	l Articles of A	umendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	idence concerning this matter	to the following:	
		Raul Munoz		
	O: Registration Section Division of Corporations MG Resin and Epoxy Flooring LLC UBJECT: Mane of Limited Liability Company he enclosed Articles of Amendment and feets) are submitted for filing. lease return all correspondence concerning this matter to the following: Raul Munoz City State and Zip Code Regresinandepoxy@gmail.com E-mail address: to be used for future annual report notification or further information concerning this matter, please call:			
		MG Resin and Epoxy Flo	poring LLC	
			Firm/Company	<u></u>
		11 Gale Place		
			Address	<u></u>
		Key Largo, Florida 33037	7	
				fication)
For further in	nformation co			
Raul Muno:				
	Name of	Person	Area Code Daytim	
Enclosed is a	i check for th	e following amount:		
■ \$25.00 H	Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

r

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

MG Resin and Epoxy LLC		
(<u>Name of the Limited Liability</u> (A Florida l	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	mpany were tiled on 12/23/2023	and assigned
Florida document number L24000001575		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limit</u>	<u>ed liability company here</u> :	
The new name must be distinguishable and contain the words "Limit	ed Liability Company." the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR)	ESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		\sim
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter the</u>	name of the new register
		<u></u> !
Name of New Registered Agent:		<u>N</u>
New Registered Office Address:		
	Enter Florida street address	
	- Florid	a
	City	a

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, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Raul Munoz	11 Gale Place	■ Add
		Key Largo. FL 33037	🗆 Remove
			□Change
MGR Angel G Gutierrez	456 Lime Drive		
		Key Largo, FL 33037	
			🖾 Change
			🗆 Add
		······································	्र् DChange २२
			□Add
			🗆 Change
			🖸 Add
			[]Change
			🗆 Add
			[]]Change

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D. If amending any other information. enter change(s) here: (Attach additional sheets, if necessary.)

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ffective date, if other than the	date of filing:		(optional)	<u>r</u> 5
Affective date, if other than the f an effective date is listed, the date must <u>Note:</u> If the date inserted in this bl	a be specific and cannot be prior	r to date of filing or more than 9 cable statutory filing require	0 days after filing.) Pursuant to 6	05.0207 isted as
locument's effective date on the D				10 10 11
record specifies a delayed effectiv d is filed.	e date, but not an effective t	ime, at 12:01 a.m. on the ea	rlier of: (b) The 90th day af	
January 15	2024			
	UMDZ-			
		orized representative of a men		

Typed or printed name of signee