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| To: | | 2024 TAL |
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| | Division of Corporations | |
| | Fax Number : (850)617-6383 | AH |
| rom: | | Sector L |
| i Qili. | Account Name : DORCEY LAW FIRM, PLC | SEL |
| | Account Number : I20230000134 | EF A I |
| | Phone : (239)418-0169 | |
| | Fax Number : (239)418-0048 | |
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annual report mailings. Enter only one email address please.**

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MTG EBIDA, LLC

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COVER LETTER

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TO: Registration Section

Division of Corporations

MTG EBIDA, LLC

SUBJECT: _

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Luca Di Nunzio

Name of Person

Dorcey Law Firm

Firm/Company

10181 Six Mile Cypress Pkwy, Suite C

Address

Fort Myers, FL 33966

City/State and Zip Code

support@dlfregisteredagent.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 Luca Di Nunzio
 239
 308-1073

 Name of Person
 Area Code
 Daytime Telephone Number

Enclosed is a check for the following amount:

S25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status 555.00 Filing Fee & Certified Copy radditional copy is enclosed? S60.00 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

| From: Joshua Dorcey | Fax. 12394180048 | To: Sunbiz efile account (LLC) - Fax: (850) 617-6383 | Page: 3 of 5 02/08/2024 12:00 P.M |
|-------------------------|--|--|---------------------------------------|
| | | ARTICLES OF AMENDMENT TO | (((H24000054158 3))) |
| | | ARTICLES OF ORGANIZATION OF | records.) |
| Ν | ATG EBIDA, LEC | | FEEL B. M. |
| - | (<u>Name</u> | of the Limited Liability Company as it now appears on our (A Florida Limited Liability Company) | records.) |
| The Articles of | Organization for this | Limited Liability Company were filed on01/31/2024 | and assigned |
| | ent number <u>1.24000058</u> | | |
| This amendmer | nt is submitted to ame | nd the following: | |
| A. If amendin | g name, <u>enter the ne</u> | w name of the limited liability company here: | |
| MTG EBITDA, | LLC | | |
| The new name mu | st be distinguishable and c | contain the words "Limited Liability Company," the designation | "I.I.C" or the abbreviation "I.I.C." |
| Enter new prii | ncipal offices address | s, if applicable: | ····- |
| <u>(Principal offic</u> | e address MUST BE | A STREET ADDRESS} | |
| | | · | · · · · · · · · · · · · · · · · · · · |
| Enter new mai | iling address, if appli | icable: | |
| <u>(Mailing addre</u> | <u>ss MAY BE A POST</u> | OFFICE BON | |
| | | | |
| | g the registered agen he new registered off | n and/or registered office address on our records, <u>j</u> fice address here: | enter the name of the new registered |
| Name | of New Registered A | .gent: | |
| <u>New I</u> | Registered Office Add | lress:Enter Florida street | address |
| | | | Florida |
| | | Cin | Zip Code |

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

| MGR = _ M AMBR = _/ | lanager Authorized Member | | (((H24000054158 3))) |
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| <u>Fitle</u> | Name | Address | Type of Action |
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Page: 5 of 5 02/08/2024 12:00 PM (((H24000054158 3)))

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

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| e date, if other than the date of filing: | | |

If the record 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 record is filed.

02/08/2024 Dated _____

/s/ Michael T. Gillen

Signature of a member or authorized representative of a member

Michael T. Gillen

Typed or printed name of signce