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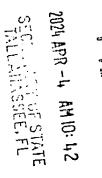
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## **COVER LETTER**

Divisi	ion of Corp	porations					•
	MG AQUA	LINKS LLC			•		
SUBJECT: _		Name of Lim	ited Liability Compa	iny			
The enclosed A	Articles of A	Amendment and fee(s) are sub	mitted for filing.				
Please return a	ll correspor	ndence concerning this matter	to the following:				
			GARY GIBERS	ON			
		<del> </del>	Name of Per	son		<del></del>	_
		G	. DOUGLAS GRO	OUP LLC			
			Firm/Compa	ny			_
			1040 SE 8TH 5	ST			
			Address		-		_
			OCALA, FL 34	471-3971			
			City/State and Zip				_
			OUGLASGROUP to be used for future	_		ion)	
For further info	ormation co	oncerning this matter, please c		•		·	
G	GARY GIBI	ERSON	352	304-3	3400		
	Name of	Person	at ( Area Co	) de	Daytime Te	Iephone Numbe	er
Enclosed is a c	heck for the	e following amount:					
■ \$25.00 Fil	ing Fee	□ \$30,00 Filing Fee & Certificate of Status	S55.00 Filir Certified C (additional co	opy	æd)	Certifie	ate of Status &
Regi: Divis P.O.	ng Address stration S sion of Co Box 632° thassee, F	ection orporations 7	R D T 24	ivision ( he Centi 415 N. N	ion Sectio of Corpor re of Talla	rations ahassee treet, Suite	2024 APR -4 AMIO SECILAMASSEE, I

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MG AQUALINKS LLC		
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company	<u>ears on our records.)</u> y)	
The Articles of Organization for this Limited Liability Company were filed on Florida document number	03/18/2024	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 Liability Company," th	e designation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:	r records, <u>enter the name of</u>	The new registered
Name of New Registered Agent:		
New Registered Office Address:		
	lorida street address	
	, Florida	
City	2	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		_
I hereby accept the appointment as registered agent and agree to act in the provisions of all statutes relative to the proper and complete performance accept the obligations of my position as registered agent as provided for it being filed to merely reflect a change in the registered office address, I her company has been notified in writing of this change.	of my duties, and I am faini n Chapter 605, F.S. Or, if th	liar with and is the state of t

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			····		
		03/1/	5/2024		
<b>fective dat</b> an effective d	te, if other than the date of late is listed, the date must be spe	of filing:ecific and cannot be prior to date of f	(opti	i <b>onal)</b> r filing.) Pursuant to 605	.0207 (
ote: If the c		es not meet the applicable statu			
record speci is filed.	fies a delayed effective date,	but not an effective time, at 42:	:01 a.m. on the earlier of: (b	o) The 90th day after	r the
	APRIL 2	2024		202 SE	
ated	<del></del>			2024 APR SECCION TALLA	•
ated				·	
ated	Simul	ure of member at authorized cone	esentative of a member		ецт 61
ated	Signat	ure of a member or anthorized repro-	esentative of a member	R TH AMIO: 42	Ş

Filing Fee: \$25.00

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	MELIA I. SOMMER REV TRUST	2415 SE 24TH CIRCLE, OCALA, FL	≣Add
			□Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
	*****		□Add
			□ Remove
		<del> </del>	□Change
******			□Add
		-	□Remove
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			Remove
			□Change
			□Add
			Remove  SEC Opange A
			SCHOOL OR CHANGE