Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FREEDOMTAX ACCOUNTING & MULTISERVICES, INC.

Account Number : I20180000068 : (407)344-1012

Fax Number : (407)344-1371

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:				;	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MGE VENTURES, LLC

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			JULIAN VASQUEZ				******	
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				Address		· . ·	:	
			KISSIMMEE, FL 34744			•		
				City/State and Zip Code				
			JVASQUEZ@FREEDOMI			•		
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				Tallahass	ee, FL 32	303		

- Jun. 1-952024, 4:29PM

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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MGE VENTURES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 4-1266 The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number 124000134922 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," the designation "LLC" or the abbreviation "L.L.C." 2907 W NEW HAVEN AVE Enter new principal offices address, if applicable: MELBOURNE, FL 32904 (Principal office address MUST BE A STREET ADDRESS) 2907 W NEW HAVEN AVE Enter new mailing address, if applicable: MELBOURNE, FL 32904 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: : 71: Name of New Registered Agent: 907 W NEW HAVEN AVE New Registered Office Address: Enter Florida street address MELBOURNE

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

: 1.1

- 14.

☐ 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 Type of Action Title Name MGR EDWARD GELBINOVICH 2907 W NEW HAVEN AVE MELBOURNE, PL 32904 □Remove **☐** Change 1.4 □ Change Remove □ Change r. □Remove □ Change \Box Add ☐Remove

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effective date is listed, the date mus	t be specific and cannot be prior to date of t	iling or more than 90 days after filing.) Pursu tory filing requirements, this date will n	ant to 605.0207 (3); ot be listed as the
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ord specifies a delayed effectiv filed.	e date, but not an effective time, at 12	01 a.m. on the earlier of: (b) The 90th	day after the
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Filing Fee: \$25.00