



(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	rsiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

	Registration Sc Division of Cor			
SUBJEC	MGG PRO	PERTY SOLUTIONS LLC		
SUBJEC	-1:	Name of Lin	nited Liability Company	
The encle	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	indence concerning this matter	to the following:	
		ADRIANA MARQUEZ		
			Name of Person	
		ACMM CONSULTING I	NC	
			Firm/Company	
		7791 NW 46TH STREET	, SUITE 206	
			Address	
		DORAL, FL 33166		
		adriana(<i>a</i>)acmmeonsulting.c	City/State and Zip Code com to be used for future annual repor	rt notification)
For furthe	er information co	oncerning this matter, please c	all:	
ADRIAS	SA MARQUEZ		786 420-25	41
	Name of	l Person	at () Area Code == D	aytime Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed	S60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
 	Mailing Address Registration S Division of C P.O. Box 632	Section orporations		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MGG PROPERTY SOLUTIONS LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our record I Liability Company)	<u></u>)
The Articles of Organization for this Limited Liability Compar	ny were filed on 05/21/2024	and assigned
Florida document number L24000235944		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		20
		22-
Enter new mailing address, if applicable:	-	26
(Mailing address MAY BE A POST OFFICE BOX)		(S.S.
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		20
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter	the name of the new registered
the income against against the income against the i		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		orida
	City	Zip Code

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, enter the title, name, and address of each person_being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	MARIA E LUZARDO ARNAL	5737 NW 114TH PATH APT 110	□Add
		DORAL, FL 331784197	€ Remove
			[] Change
MGR	MARIAELISA LUZARDO ARNA	5737 NW 114TH PATH APT 110	
		DORAL, FL 33178-4197	Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
· <u> </u>	- -		□Add
			□Remove
			□Change
			□Add
			□Remove

-	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Effecti f an eff	ve date, if other than the date of filing:
docum	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
recon d is til	I 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 ed.
Dated .	

Filing Fee: \$25.00