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SECRETARY OF STATE TALLAHASSEE, FI

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COVER LETTER

	Registration Se Division of Cor			
SUBJEC	MVG 3725	, LLC		
SUBJEC		Name of Lim	ited Liability Company	
The encle	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Maria Victoria García		
			Name of Person	
			Firm/Company	
		3725 S Ocean Drive, #111		,
		Hollywood, Florida 33019	Address	
		mariagarcia520@hotmail.co	City/State and Zip Code om to be used for future annual report not	ification)
For furth	er information c	oncerning this matter, please c	all:	
Gonzalo	Perez, Jr., P.A.		305 265-8228	
	Name o	f Person		ne 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 (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration 5		Street Address: Registration Se	ection
	Division of C P.O. Box 632	Corporations	Division of Co The Centre of	rporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MVG 3725, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{11/01/2024}{1}$ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MVG 27649, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Muiling 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

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.

City

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			Remove
			□Change
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Effective date, if other than the date of filing: [a neticive date, if other than the date of filing: [a neticive date is listed, the date must be specific and cannot be prior to date of filing on more than 90 days after filing.) Pursuant to 605.0207 More; [b the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as discument's effective date on the Department of State's records. [c 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 distribution of the date of the state of th		
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Filing Fee: \$25.00