

M100000000341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

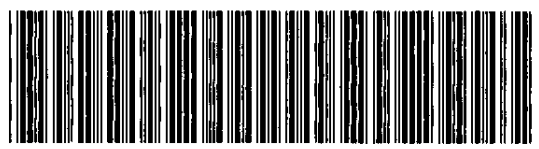
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/26/15--01038--009 **25.00

FILED
15 MAY 26 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MCGAVREN GUILD MALLS LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHRISTINE FRIES
Name of Person

CPA ASSOCIATES LLP
Firm/Company

2646 SW MAPP RD STE 203
Address

PALM CITY FL 34990
City/State and Zip Code

CFRIES@CPA-ASSOCIATESLLP.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTINE FRIES at (772) 288-3797
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee \$30 Filing Fee & Certificate of Status \$55 Filing Fee & Certified Copy \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: MCGAVREN GUILD MALLS LLC

2. The Florida document number of this limited liability company is: M10000000341

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 01/25/2010

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TALLAHASSEE, FLORIDA

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: MG MALLS, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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** _____

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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

X  _____
Signature of the authorized representative

WILLIAM J MCENTEE III
Typed or printed name of signee

Filing Fee: \$25.00

Delaware

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The First State

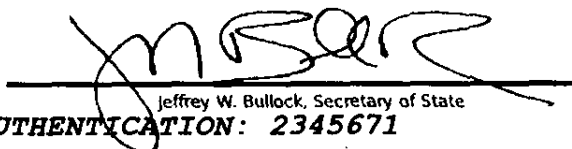
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "MCGAVREN GUILD MALLS, LLC", CHANGING ITS NAME FROM "MCGAVREN GUILD MALLS, LLC" TO "MG MALLS, LLC", FILED IN THIS OFFICE ON THE ELEVENTH DAY OF MARCH, A.D. 2015, AT 2 O'CLOCK P.M.

4774113 8100

150604976

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2345671

DATE: 05-04-15

STATE OF DELAWARE
CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: _____
McGavren Guild Malls, LLC

2. The Certificate of Formation of the limited liability company is hereby amended
as follows:

Name change to: MC Malls, LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on
the 6th day of March, A.D. 2015.

By: 
Authorized Person(s)

Name: Billy McEntee, CFO
Print or Type