Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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S. PRATHER

30/09/2021, 12:09 To: +1 850-617-6383 From: +1 305-372-2526 850-617-6381

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September 30, 2021

FLORIDA DEPARTMENT OF STATE Division of Corporations

MVG INVESTMENTS, INC. 666 5TH AVE 20TH FLOOR NEW YORK, NY 10103

SUBJECT: MVG INVESTMENTS, INC.

REF: P15000083745

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please select the type of action for each of the officer/directors listed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Valerie Herring FAX Aud. #: H21000364535 Regulatory Specialist III Letter Number: 321A00023650

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Articles of Amendment to	Σω	20	
Articles of Incorporation of	E C S	23	
MVG INVESTMENTS, INC.	HAI	2021 SEP	_
(Name of Corporation as currently filed with the Florida Dept. of State)	<u> </u>	<del>-မ</del> -	
P15000083745	m <sub>S</sub>	A	(
(Document Number of Corporation (if known)	10R	.و	
Pursuant to the provisions of section 607,1006, Florida Statutes, this Plorida Profit Corporation adopts the following its Articles of Incorporation:  25. It amounting name, enter the new name of the corporation:		nc <b>ū(r</b> )	) 103
	The ne	211°	
name must be distinguishable and contain the word "cornainties," "rindonav "ric "ou renewand "or the relicionmic, or "co". A professional corporation name must contain "chartered," "professional association," or the abbreviation "P.A."	the wo	rd	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS )		-	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		-	
· ·· · · · · · · · · · · · · · · · · ·		-	
	<del></del>		
D. If anomaling the registered agent and/or registered affice address in Florida, enter the above of the new conference andress:			
Vamo of New Registered Agent			
Priorida street address)			
Now Registered Office Address: Phonia			
(Chy) (The Control of the Control of	inder)	•	
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.			
Signature of New Registered Agent, if changing			
Check if applicable			
The amendment(s) is tage being filed pursuant to ( 607 to 20 th to a C C			

## (((H21000364535 3)))

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change	PT John	n Doe	
$\underline{X}$ Remove	<u>V</u> <u>Mik</u>	ce Jones	
<u>X</u> Add	<u>SV</u> <u>Sall</u>	ly Smith	
Type of Action (Check One)	Title	Name	<u>Address</u>
1) Change	D,P	Villareal Zarate, Maria Elena	Av. Chapultepee 1260 Local A-1B
Add			Col. Alpes, Son Luis Potosi
X Remove			S.L.P.C.P. 78295 MX
2) Change	\$	Huitado Herrera, Anabel	Av. Chapultepec 1200 Local A-IB
Add			Col. Alpes, San Luis Potosi
X Remove 5.)Change	DPS	Valladores, Miguel F.	S.L.P.C.P. 78295 MX
_X_ Add		·····	1000 Brickell Ave., Suite 300
Remove			Miami, FL 33131
4) Change			
Add			
Remove			
5) Change	<del></del> .		
Add			
Remove			···
6)Change			
Add			
Remove			- And the second

If amending or adding additional Articles, enter change(s) here:	(((H21000364535 3)))
Attach additional sheets, if necessary). (Be specific)	
,	
If an amendment provides for an exchange, reclassification, or can	ncellation of issued shares,
provisions for implementing the amondment if not contained in t (if not applicable, indicate N/A)	ne amendment itseit:
	***************************************

## (((H21000364535 3)))

The date of each amendment(s) adoption:	, if othe	r than	the
September 29, 2021 Effective date if anolicable:			
(no more than 90 days after amendment file date)		_	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be lis	ated as	the
Adoption of Amendment(s) (CHECK ONE)			
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and action was not required.	sharehold	ær	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.			
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):			
"The number of votes cast for the amendment(s) was/were sufficient for approval	Ε×	20	
by	E RE	21 8	
September 29, 2021	ĨARY ASSE	2021 SEP 30	<u></u>
Dated	OF STATE E, FLORID,	AH 9	E D
(By a director, president or other officer if directors or officers have not been selected, by an incorporator if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	ATE RIDA	9: 45	
Miguel F. Valladares			
(Typed or printed name of person signing)			
Director and President			
(Title of person signing)	***************************************	-	