

L25 000007664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

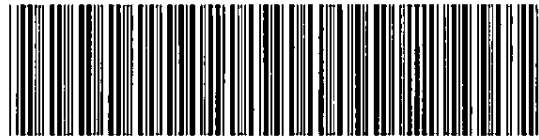
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/14/25--01013--024 **25.00

FILED
2025 JAN 14 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FL

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 3214
[City, State, ZIP Code]

Subject: MGRFL, INVESTMENTS, LLC AMENDMENT

Dear Sir/Madam,

I am writing to submit the enclosed amendment to the articles of incorporation of MGRFL, INVESTMENTS, LLC, filed on 01/03/2025. The purpose of the amendment is to **add Myriam Rodriguez de Alvarez, as an authorized member (AMBR)**. Please find the following enclosed:

1. Articles of Organizations of MGRFL, INVESTMENTS, LLC, filed on 01/03/2025.
2. Articles of amendment to the Articles of Organization of MGRFL, INVESTMENTS, LLC.

The enclosed documents comply with the necessary requirements outlined by the Division of Corporations. Kindly process this submission at your earliest convenience. Should you need additional information or documentation, please do not hesitate to contact me.

Thank you for your assistance. I look forward to confirmation of the successful registration.

Sincerely,

Gustavo A. Alvarez, AMBR
10655 Oak Bend Way,
Wellington, FL 33414
galvarezen@gmail.com
561-676-7823
January, 3, 2025

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MGRFL INVESTMENTS, LLC AMMENDMENT TO ADD MEMBER
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GUSTAVO A. ALVAREZ

Name of Person

MGRFL INVESTMENTS, LLC

Firm/Company

10655 OAK BEND WAY

Address

WELLINGTON, FL 33414

City/State and Zip Code

galvarezen@gmail.com

E-mail address: (to be used for future annual report notification)

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2025 JAN 14 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

Gustavo A. Alvarez

561

676-7823

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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 Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

(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 01/03/2025 and assigned
Florida document number L25000007664.

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2025 JAN 14 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FL

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

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

MGR = Manager
AMBR = Authorized Member

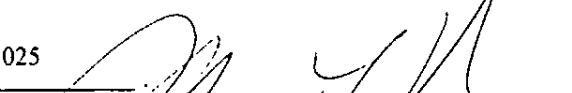
AMBR = Authorized Member

[illegible]

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

2025



member or authorized representative of a member

Typed or printed name of signee