

L15000043906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

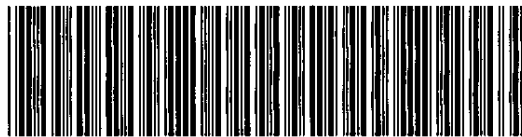
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900273292019

05/27/15--01005--013 **90.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
15 MAY 27 PM 1:31
TALLAHASSEE, FLORIDA

MAY 28 2015

3 MASON

enitia corporation

EMPOWERING AMERICA'S ENTREPRENEURS

enitia corporation

p.o. box 495

dexter, mi 48130

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

May 20, 2015

Re: Magna Capital Group LLC

Dear Sir or Madam:

Enitia Corporation has been authorized by Jose Bared to file the enclosed Amendment for Magna Capital Group LLC. Enitia Corporation is acting only as the Incorporator.

If you need any additional information, you can reach us at

1-877-281-6496 (toll free)
documents@directincorporation.com

We have enclosed an additional \$5.00 for one "Certificate of Status". For your convenience, I have enclosed a self-addressed envelope.

Thank you,

Ed Stahlin
Enitia Corporation

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 MAY 27 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Magna Air 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 03/10/2015 and assigned Florida document number L15000043906.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Magna Capital Group LLC

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)

9025 Arvida Dr
Coral Gables, FL 33156

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9025 Arvida Dr
Coral Gables, FL 33156

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 MAY 27 PM 1:32
TALLAHASSEE FLORIDA

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:

9025 Arvida Dr

Enter Florida street address
Coral Gables, Florida 33156
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JOSE BAREID	9025 Arvida Dr	<input type="checkbox"/> Add
		Coral Gables, FL 33156	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	DON MOSS	9025 Arvida Dr	<input type="checkbox"/> Add
		Coral Gables, FL 33156	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 15 MAY 27 PM 3:32
 TALLAHASSEE FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Lined area for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the 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 record is filed.

Dated May 6, 2015

[Signature]
Signature of a member or authorized representative of a member

Jose Bared, Manager

Typed or printed name of signee

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 MAY 27 PM 1:32
TALLAHASSEE FLORIDA