1600006039

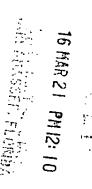
(Re	equestor's Name)	•
(Ad	ldress)	<u> </u>
(Ac	ddress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	1
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
•		

Office Use Only



900282755109

03/04/16--01024--004 **25.00



MAR 24 2016 Y SULKER



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 7, 2016

RICHARD D LAY JR 500 JIMMY ANN DRIVE APT 611 DAYTONA BEACH, FL 32114

SUBJECT: MAGICCARDS.IO, LLC Ref. Number: L16000006039

We have received your document for MAGICCARDS.IO, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Letter Number: 316A00004654

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Magiccards, il	, 1LC
(Name of the Limited Lia (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number	y Company were filed onand assigned
This amendment is submitted to amend the following	;
A. If amending name, enter the new name of the l	imited liability company here:
Collected Compa	ony, 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 AD	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	5 5
B. If amending the registered agent and/or re registered agent and/or the new registered office a	egistered office address on our records, enter the name of the new
Name of No. Declared Access	P ST
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

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> **Type of Action** _□ Add □ Remove ☐ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Remove : □ Change □ Add ☐ Remove ☐ Change □ Add □ Remove

☐ Change

		•			<u> </u>		-,		,	•
		·								
										•
									<u> </u>	
•										,
	.,		·· · · · · · · · · · · · · · · · · · ·							•
				·		<u> </u>				•
	············				······································	·· ·				•
			л		··-					•
				· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·				
······································	 								· · · · · · · · · · · · · · · · · · ·	
								J. 1	5	
								<u> </u>	HAR.	
			 		*:-			Q/ T	2	į.
									PH IP	ا و المراجعة إلى المساحجة
									:	•,
ective d	late, if other than c date is listed, the date	the date of	filing:	he prior to dat	e of filing or m	one than 90 d	_ (optional	l) a.) Pureus	ınt to 605	เกรกร

Page 3 of 3

Filing Fee: \$25.00