

L20 000178811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

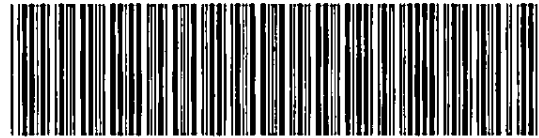
(Business Entity Name)

(Document Number)

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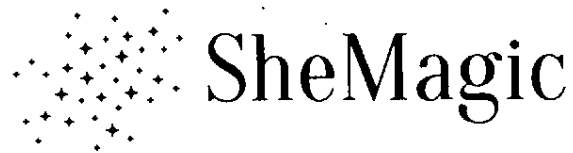
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10/05/20--01014--012 ♦\$80.00

CLERK OF STATE  
TALLAHASSEE, FL

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September 30, 2020

Alison C. DeBose  
SheMagic Brand, LLC  
14060 Biscayne Blvd., #615  
North Miami Beach, FL 33181

**TO: Registration Section  
Division of Corporations**

**RE: Amendment to Articles of Organization  
SheMagic Brand, LLC (L20000178811)**

To Whom It May Concern,

I write this letter as a supplemental explanation of the enclosed Articles of Amendment to the Articles of Organization for SheMagic Brand, LLC. Currently, Alison C. DeBose is listed as the Authorized Representative (AR) and SheMagic Brand, LLC would like to change Alison's role to Manager (MGR) for operational purposes of the business. Please contact me at (813)335-6707 or by email at [allthingsalisonbrand@gmail.com](mailto:allthingsalisonbrand@gmail.com) should you have any questions.

Best Regards,

Alison C. DeBose  
SheMagic Brand, LLC

Enclosures as described.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SheMagic Brand, LLC

\_\_\_\_\_  
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:

Alison C. DeBose

\_\_\_\_\_  
Name of Person

SheMagic Brand, LLC

\_\_\_\_\_  
Firm/Company

14060 Biscayne Blvd., #615

\_\_\_\_\_  
Address

North Miami Beach, FL 33181

\_\_\_\_\_  
City/State and Zip Code

allthingsalisonbrand@gmail.com

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

For further information concerning this matter, please call:

Alison C. DeBose

813

335-6707

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**

SheMagic Brand, 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 06/25/2020 and assigned  
Florida document number L20000178811.

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)**

257 NE 118<sup>th</sup> St., Miami  
FL, 33161

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

257 NE 118<sup>th</sup> St., Miami FL,  
33161

**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:

257 NE 118<sup>th</sup> St

*Enter Florida street address*

Miami

*City*

Florida

33161

*Zip Code*

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**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	Alison C. DeBose	257 NE 118 <sup>th</sup> St, Miami	<input type="checkbox"/> Add
		FL, 33161	<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
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

As shown on the previous page, I would like to change the title of Alison C. DeBose from AR to MGR.

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TALLAHASSEE, FL

**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 \_\_\_\_\_, \_\_\_\_\_.



Signature of a member or authorized representative of a member

Alison C. DeBose

Typed or printed name of signee