L21000203430

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(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	07/23/2101006010 ** 25.00
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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Mac	Cal Blue 1 Name of Limi	Fun, LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are subt	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Courtney	D. Hutchison Name of Person	, t sq
	Hurchise	Firm/Company P.A.	
	400 5th	Aves., Suit	200
	Naples, F Chutch (a E-mail address: (1	City/State and Zip Code 90 hutch/own to be used for future annual report notifi	. COM
For further information c	oncerning this matter, please ca		
Courney	Hutch; Sen	at (<u>239</u>) <u>330</u> Area Code Daytime	
Enclosed is a check for the	ne following amount:		⟨◊⟩
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy's (additional copy is enclosed)
Mailing Address Registration Solvision of Co. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	ction porations Tallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Magical Blue Fun, a (Name of the Limited Liability Companion (A Florida Limited L	LLC		
(A Florida Limited L	iability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000703430</u> .	were filed on May 3, 2021	and as	ssigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabil			
Enter new principal offices address, if applicable:	2157 Davenport	BIVD	<u>.</u>
(Principal office address MUST BE A STREET ADDRESS)	2157 Davenport Suite 110 Davenport, FL 3	383-	7-
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the na	me of the no	ew registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		<u>. </u>
	, Florida _	Zip Code	7
	City	∵Zip Code ∾	e- • ·
New Registered Agent's Signature, if changing Registered Agent:		Ü	

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 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>	Name	Address	Type of Action
			□Add
			□ Remove
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ctive date, if other than the date of filing:	(optional)	Pursuant to 605 020'