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CORPORATE ACCESS, _

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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	XX	FILING	LLC	AMEND			
1.		22 MAGIC, LLC					
		(CORPORATE NAME AND DOCUM	ENT #)		<u> </u>	77 -	
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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

22 MAGIC SUBJECT:	C, LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	ESSAM KERAS				
		Name of Person	·		
	MK BOOKKEEPING SEI	RVICES, LLC			
		Firm/Company	_		
	6741 LAND O LAKES BI	LVD			
		Address			
	LAND O LAKES, FL 346	38			
	City/State and Zip Code				
	ESSAM@MKBKSERVICI				
5 6 1 1 2 1		to be used for future annual report no	tification)		
For further information c	oncerning this matter, please c	all:			
ESSAM KERAS		813 368 - 2872			
Name o	d Person	at () Area Code Daytii	me Telephone Number		
Enclosed is a check for the	ne following amount:				
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres Registration S Division of C	Section forporations	Street Address: Registration Se Division of Co	rporations		
P.O. Box 632	I	The Centre of	Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

22 MAGIC, 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 03/01/2022 ___ and assigned Florida document number L22000105350 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) 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

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>	Address	Type of Action
AMBR	SHADI ABDELKHALIK AHMEE	2834 BELLA VISTA DR	□Add
		DAVENPORT	
		FL 33897	
	<u> </u>		□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
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ne: H	late, if other than the date of filing: (optional) e 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 605.02 to date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as effective date on the Department of State's records.
ecord s is filed	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
08 ted	7/2023
	SHADI ABDELKHALIK
	Signature of a member or authorized corresponding of a manhar
	Signature of a member or authorized representative of a member SHADI ABDELKHALIK AHMED

Filing Fee: \$25.00