## 112000108419

Office Use Only



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J. HARRIS

## **COVER LETTER**

	Registration Se Division of Cor		,	
eubiec		MAGIC OAK LANE, LLC		***
SUBJEC		Name of Lim	ited Liability Company	·····
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all correspo	ondence concerning this matter	to the following:	
		Sharon M Guy		
			Name of Person	
		Law Office of Sharon M C	Guy PA	
		· · ·	Firm/Company	
		8586 Potter Park Dr		
			Address	
		Sarasota, FL 34238		
			City/State and Zip Code	
		alex darshar	to be used for future annual report not	ification)
For furthe	er information c	oncerning this matter, please of	•	············ <b>,</b>
Sharon N	И Guy		941 552-5766 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	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:

TO:

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DAR 3406 MAGIC OAK LANE, LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our recor Liability Company)	<u>rds.</u> )
The Articles of Organization for this Limited Liability Company Florida document number L12000108419	y were filed on 1/13/2015	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del>-</del>
(Principal office address MUST BE A STREET ADDRESS)		
		788 <b>72</b>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		54 -
Maning unitess MAT DE AT OST OFFICE BOX		STATE STATE
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.		ds, enter the name of the ne
registered agent and/or the new registered office address he	<u>re</u> ;	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ess
		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>	Address	Type of Action
MGR	Dargham, Alex	3402 Magic Oak Lane	□ Add
		Sarasota, FL 34232	Remove
			Change
MGR	Alex M. Dargham, Trustee	3402 Magic Oak Lane	■ Add
		Sarasota, FL 34232	Remove
			Change
MGR	Rania S. Dargham, Trustee	3402 Magic Oak Lane	<b>■</b> Add
		Sarasota, FL 34232	□ Remove
			Change
MGR	Dargham Family Trust	3402 Magic Oak Lane	<b>■</b> Add
		Sarasota, FL 34232	□ Remove
			Change
			Add  ACCORD DECEMBER  SSEE FLORIDA  Remove
			□ Change

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date inserted in effective date of specifies a de	late must be spe this block doe the Departme	cific and can es not meet ent of State ctive date	not be prior the applicates applicates.	ble statutory fi	r more than 90 day ling requirement	ts, this date w	vill not be l	isted as
June	5 Ale	<u>,                                     </u>	V	_ ·	live of a month of	A	SECRETARIA	71
alex M. Dargha	_	ure of a mem	ider of autho	rizea representa	uve of a member	r r	25 N	Carper,
		Туј	ped or printe	d name of signer	3	·· · · · · · · · · · · · · · · · · · ·	18 <b>5</b> 18	
	day after the	day after the record is	day after the record is filed.  July 5, 2  Signature of a mem	day after the record is filed.  June 5, 2017  Signature of a member or authorized M. Dargham  Typed or printe	day after the record is filed.  June 5, 2017  Signature of a member or authorized representations.  Signature of a member or printed name of signed.	June 5, 2017  Signature of a member or authorized representative of a member alex M. Dargham  Typed or printed name of signee	day after the record is filed.  July 5, 2017  Signature of a member or authorized representative of a member  Typed or printed name of signee	Signature of a member or authorized representative of a member  Signature of a member or authorized representative of a member  Typed or printed name of signee

Filing Fee: \$25.00