

LG9000075893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

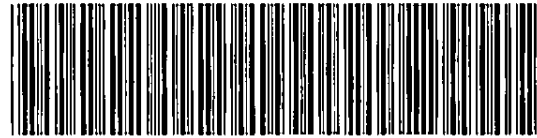
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900320168279

10/31/18--01016--004 \*\*30.00

FILED

2018 OCT 31 P 8:17

11/14/18 DS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MAGUS HOLDING 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:

MIRNA DIAZ

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

ABIAS CONSULTING INC

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

14645 SW 173 ST

\_\_\_\_\_  
Address

MIAMI FLORIDA 33177

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

ABIASCONSULTING@GMAIL.COM

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

For further information concerning this matter, please call:

MIRNA DIAZ

786

262-4853

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/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED  
2019 OCT 31 PM 8:17

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

MAGUS HOLDING 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 08/07/2009 and assigned  
Florida document number L09000075893.

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 "LLC."

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:

MIRNA DIAZ

New Registered Office Address:

14645 SW 173 ST

*Enter Florida street address*

MIAMI

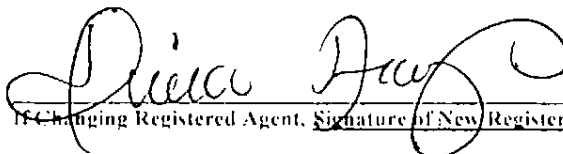
*City*

Florida 33177

*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>                                           | <u>Type of Action</u>                                                                                                                                                                                               |
|--------------|------------------------------------|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MGR          | TARASCIO DE PERDOMO,<br>MAYELA A   | 4100 SALZEDO STREET, UNIT<br>804, CORAL GABLES, FL 33146 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove<br><input type="checkbox"/> Change                                                                                                       |
| MGR          | PERSOMO ROSALES,<br>MARIA CAROLINA | 4100 SALZEDO STREET, UNIT<br>804, CORAL GABLES, FL 33146 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove<br><input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove<br><input type="checkbox"/> Change |
|              |                                    |                                                          | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove<br><input type="checkbox"/> Change                                                                                                                  |
|              |                                    |                                                          | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove<br><input type="checkbox"/> Change                                                                                                                  |
|              |                                    |                                                          | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove<br><input type="checkbox"/> Change                                                                                                                  |
|              |                                    |                                                          | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove<br><input type="checkbox"/> Change                                                                                                                  |
|              |                                    |                                                          | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove<br><input type="checkbox"/> Change                                                                                                                  |
|              |                                    |                                                          | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove<br><input type="checkbox"/> Change                                                                                                                  |

FILED  
JUN 1 2011

1871

$$\begin{array}{r} \frac{10}{\overline{) 98}} \\ 9 \\ \underline{-9} \\ 8 \end{array}$$

FD-36

**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.

(b) The 90th day after the record is filed.

Dated OCTOBER 25, 2018

Signature of \_\_\_\_\_ member or authorized representative of a member

PERDOMO ROSALES, CUSTAVO

Typed or printed name of signer