

L03000016122

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

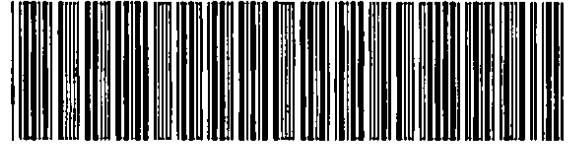
(Document Number)

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2021 NOV 22 PM 1:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LLC  
Amend.

DEC 06 2021

D CONNELL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 27, 2021

SAMUEL V JOHNSON  
278 SNOW RIDGE DR  
HENDERSONVILLE, NC 28792

SUBJECT: MAGIC BUS, LLC  
Ref. Number: L03000016122

We have received your document and check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

ARTICLES OF AMENDMENT AND AMENDED AND RESTATED ARTICLES OF ORGANIZATION HAVE BEEN SUBMITTED FOR FILING. WE WILL NOT FILE THESE DOCUMENTS TOGETHER AS ONE DOCUMENT. YOU MAY FILE EACH DOCUMENT SEPARATELY WITH A FILING FEE OF \$25.00 EACH.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell  
Regulatory Specialist II Supervisor

Letter Number: 721A00026158

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:           Magic Bus, 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:

          Samuel V. Johnson            
Name of Person

          #            
Firm/Company

          278 Snow Ridge Dr            
Address

          Hendersonville, NC 28792            
City/State and Zip Code

          samuelvjohanson@aol.com            
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

          Samuel V. Johnson           at ( 239 ) 839-6450  
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

Magic Bus, 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 05-06-2003 and assigned  
Florida document number L03000016122

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)

10811 Halfmoon Shoal Road #202  
Bonita Springs, FL 34135

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10811 Halfmoon Shoal Road, #202  
Bonita Springs, FL 34135

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:

Samuel V. Johnson

New Registered Office Address:

10811 Halfmoon Shoal Rd, #202

Enter Florida street address

Bonita Springs Florida 34135  
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.

Samuel V. Johnson

If Changing Registered Agent, Signature of New Registered Agent

FILED  
2021 NOV 22 PM 1:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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>
<u>MGR</u>	<u>Samuel V. Johnson, Trustee</u>	<u>10811 Halfmoon Shoal Rd #202</u> <u>Bonita Springs, FL 34135</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
<u>MGR</u>	<u>Jacqueline D. Johnson,</u> <u>Trustee</u>	<u>10811 Halfmoon Shoal Rd, #202</u> <u>Bonita Springs, FL 34135</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
<u>GM</u>	<u>Tory Copeland</u>	<u>15941 Cindy Court</u> <u>Ft. Myers, FL 33908</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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

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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 September 28 . 2021 .

Samuel V. Johnson, Trustee

Signature of a member or authorized representative of a member

Samuel V. Johnson, Trustee

Typed or printed name of signee