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COVER LETTER

Division of	Corporations	. √	
SUBJECT: Magn	etic Miles, LLC		
Sobsect.		nited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	Spiro Laskaris		
		Name of Person	
		Firm/Company	
	1177 NE Kubin Ave		
		Address	
	Jensen Beach, FL 349	957	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information	on concerning this matter, please of	all:	
Nan	ne of Person	at () Area Code Davtime	: Telephone Number
		•	•
Enclosed is a check for	or 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

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

Magnetic Miles, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our record liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company	were filed on 07/17/2006	and assigned
Florida document number L06000077133		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC	" or the abbreviation "L L.C."
Enter new principal offices address, if applicable:		2× 3
(Principal office address MUST BE A STREET ADDRESS)	***	
		2022
Enter new mailing address, if applicable:		3 3 5
Mailing address MAY BE A POST OFFICE BOX)		95 5
	<u> </u>	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		s, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres.	2
*****		orida
	Cay	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>	Type of Action
AMBR	Spiro Laskaris	32-C SE Osceola Street	
		Stuart, FL 34994	Remove
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n effective date is listed, the date must ite: If the date inserted in this blo	ck does not meet the applical	o date of filing or more than ble statutory filing requi	i 90 days after filing.) Pursuai rements, this date will not	nt to 605.01 be listed
cument's effective date on the De	partment of State's records.			
record specifies a delayed The 90th day after the reco	effective date, but not	an effective time,	at 12:01 a.m. on the	earlier
the sour day after the reco	ra is mea.			
ted May 25th	2019			
(cd ma) zou,	. 2010	_ ·		
	Saina /a	abaria		
	Spiro La Signature of a member or author	ized representative of a me	ember	

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Filing Fee: \$25.00