L08000057220

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	(Business Entity Name) (Document Number) S Certificates of Status	
	(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	
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Certified Copies	_ Certificates	of Status
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S.C.

COVER LETTER

TO:	Registration Sectorial Division of Corporation		_د .	•	
		MAG	UNITED LLC		
SUBJI	ECT:	Name of Limi	ted Liability Company		
The en	iclosed Articles of A	mendment and fee(s) are sub-	nitted for filing.		
Please	return all correspon	dence concerning this matter	to the following:		
			HIMMET DOLUN		
			Name of Person		
			MAG UNITED LLC		
			Firm/Company		
			9370 SW 8TH STREET	117	
			Address	·	
			BOCA RATON - FL 3342	28	
			City/State and Zip Code metdolun@gmail.com		
		E-mail address: (to be used for future annual:	report notification)	
For fu	rther information co	ncerning this matter, please ca	all;		
	HIMMEUI	NULION	561	702 - 6028	
	Name of	Person	at () Area Code	Daytime Telephone N	umber
Enclos	sed is a check for the	e following amount:			
■ \$2	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc	(Co (losed) Co	.00 Filing Fee, rtificate of Status & rtified Copy ditional copy is enclosed)
					2021
	Mailing Address		Street Ac		MAR 7
	Registration S		-	ation Section n of Corporations	26
	Division of Co P.O. Box 6323	•		ntre of Tallahassee	
	Tallahassee, F			Monroe Street, St	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAG UNITED LLC

(Name of the Limited Liability Comp. (A Florida Limited	any as it now appea Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company 1.08000057220 Florida document number	y were filed on	6/10/2008	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company h	ere:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the c	lesignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		<u></u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office	addrass on our r	acords enter the na	me of the new regist
agent and/or the new registered office address here:	addiess on our i	ecords, <u>enter the na</u>	ine of the new regist
Name of New Registered Agent:			
New Registered Office Address:	1 1.7	rida street address	
	tsiter Flo		2
 	City	, Florida _	<u>S</u>
New Registered Agent's Signature, if changing Registered Agent	•	•	MAR II

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 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	HIMMET DOLUN	9370 SW 8TH STREET - H7	≣ Add
		BOCA RATON FL33428	□ Remove
			Change
			□ Add
			□ Remove
			☐ Change
			
			□Remove
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			□Add
		·	□Remove
			2021 □Change
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_		Agridação de la compansión de la compans	of a member or	r authorized rep	resentative of a m	omber	· 	