

L070000910465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

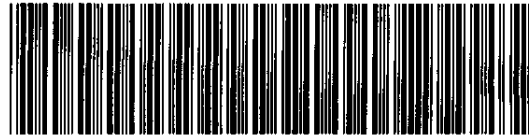
Special Instructions to Filing Officer:

L. SELLERS

SEP 12 2011

EXAMINER

Office Use Only



600211807696

09/09/11--01012--012 **25.00

SEP 12 2011
11:50 AM
FBI - MONTREAL

14 SEP -9 PM 5:03

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Magic Inferno, 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:

Roger Pacquin

Name of Person

Magic Inferno, LLC

Firm/Company

790 SR 434, Suite 110

Address

Altamonte Springs, FL 32714

City/State and Zip Code

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

For further information concerning this matter, please call:

Roger Pacquin

Name of Person

at (407)

417-5364

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

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

Magic Inferno, 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 September 23, 2008 and assigned Florida document number L08000090465.

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 end with 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)

990 N. State Road 434, Suite 1172

Altamonte Springs, FL 32714

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:

New Registered Office Address:

Enter Florida street address

, 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:


MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Steve Lucinski</u>	<u>760 SR 434, Suite 110</u> <u>Altamonte Springs, FL 32714</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MBR</u>	<u>Amy Sanchez</u>	<u>760 SR 434, Suite 110</u> <u>Altamonte Springs, FL 32714</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MBR</u>	<u>Lisa Petruzzella</u>	<u>760 SR 434, Suite 110</u> <u>Altamonte Springs, FL 32714</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>Roger Paquin</u>	<u>990 N. State Road 434, Suite 1172</u> <u>Altamonte Springs, FL 32714</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MBR</u>	<u>Keith Paquin</u>	<u>990 N. State Road 434, Suite 1172</u> <u>Altamonte Springs, FL 32714</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MBR</u>	<u>Mark Marvin</u>	<u>990 N. State Road 434, Suite 1172</u> <u>Altamonte Springs, FL 32714</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated September 1, 2011.



Signature of a member or authorized representative of a member
Roger Paquin

Typed or printed name of signee

FILED
SEP - 9 PM 5:04
CLERK OF DISTRICT COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA