

L0900000/1058

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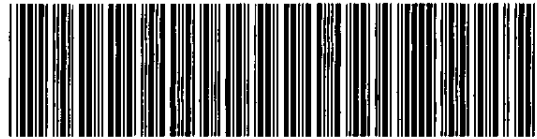
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

FEB 17 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Magic Warriors, 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:

Leslie Zigel

Name of Person

ZIGLAW

Firm/Company

4500 Biscayne Blvd. Suite 201

Address

Miami, Florida 33137

City/State and Zip Code

leslie@ziglaw.com

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

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Leslie Zigel

Name of Person

at (305) 604-9944
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 WARRIORS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on February 3, 2009 and assigned
Florida document number L09000011058.

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: 13155 SW 134 Street. Suite 218
(Principal office address MUST BE A STREET ADDRESS) Miami, Florida 33186

Enter new mailing address, if applicable: 13155 SW 134 Street. Suite 218
(Mailing address MAY BE A POST OFFICE BOX) Miami, Florida 33186

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: ZIGLAW

New Registered Office Address: 4500 Biscayne Blvd. Suite 201
Enter Florida street address

Miami, Florida 33137
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.

[Signature]
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>
MGRM	Dany Garcia	9800 NW 41 Street Miami, Florida 33178	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Dwayne Johnson	9800 NW 41 Street Miami, Florida 33178	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Dwayne Johnson	13155 SW 134 Street, Suite 218 Miami, Florida 33186	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated _____, _____

x Seller Jerré Mcclary
Signature of a member or authorized representative of a member

Leslie Zigel
Typed or printed name of signee

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