## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000422738 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : ABITOS PLLC

Account Number : 120200000189 Phone : (305) 774-2945

Fax Number : (305)774-1504

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

	Address:		
EJUZI I	WHOTESS:		

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MAGA MIAMI, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

A. RIVERS

NOV 1 7 2021

Electronic Filing Menu Corporate Filing Menu

Help

AH 9:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAGA MIAMI, LLC		
(Name of the Limited Liability Compan (A Florida Limited L	ry ay it now appears on our records.) ability Company)	<del></del>
The Articles of Organization for this Limited Liability Company	were filed on 01/27/2010	and assigned
Florida document number L10000010105		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a	iddross on our records, enter the nam	ne of the new registered
agent and/or the new registered office address here:	and the state of t	2. 22
Name of New Registered Agent:		::: :::) -:::
New Registered Office Address:		<u>.                                    </u>
	Emer Florida street address	9 强 二
	, Florida	24 CXD
N. D. Cianana & Arania Banisand Aranta	City	
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 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

Fax: 13057742945

Title	<u>Name</u>	Address	Type of Action
	Garcia Seliman, Maria Florencia	255 ARAGON AVE 2ND FLOOR	□Add
		CORAL GABLES, FL 33134	■Remove
			DChange
·			iAdd
			]Change
			□Add
			Remove
			: I/Change
			□Add
			TRemove
			DChange
			DAdd
			∐Remove
			☐ ☐ Change
<del></del>			Add
			С.Renюve
			LiChango

Fax: 13057742945

					-
-					-
-					_
_	<del></del>				_
_					-
_					
_					-
					_
_					
-	<u></u>	, <u></u>			_
-		· · · · · · · · · · · · · · · · · · ·			
-					
-					
-					_
-					<del></del>
-					<del></del>
-					
				(	
i an eii N <u>ote:</u>	fective date is bisted, the date it.  If the date inserted in this	he date of filing:  must be specific and cannot be plock does not meet the ap Department of State's reco	plicable statutory filing requ	(optional) n 90 days after filing.) Pursuant to b irements, this date will not be li	05.0207 isted as
e recor d is fi		tive date, but not an effecti	ve time, at 12:01 a,m on the	earlier of (b). The 90th day at	fter the
Dated	NOVEMBER 16	2021	·		
	. N	1	<del></del>		

Typed or printed name of signee