L10000115469

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

N. Oufligen JAN - 7 2013

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

MAGA GROUP 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:

MARIA MARTINEZ

Name of Person

MAGA GROUP LLC

Firm/Company

6601 LYONS RD SUITE F5

Address

COCONUT CREEK FL 33073

City/State and Zip Code

maria.giglio@deluxerealtyllc.com

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

For further information concerning this matter, please call:

MARIA MARTINEZ

954₄₂₁₋₉₄₆₀

Name of Person

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

FILED

2013 JAN -4 PM 12: 37

SECRETARY OF STATE TALLAHASSEE, FLORIDA

MAGA GROUP 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 Compan	y were filed on _11/05/2010	and assigned
Florida document number L10000115469		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Company," the des	ignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	4821 NW 55TH DR	
(Principal office address MUST BE A STREET ADDRESS)	COCONUT CREEK F	L 33073
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	office address on our recordere:	s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
		lorida
	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 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 = Ma MGRM = N	nager Ianaging Member	•	
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MANUEL A FIRENZE	10659 BUTTONWOOD LAKE	Add
		DRIVE, BOCA RATON	Remove
		FL 33498	
MGR	GUSTAVO PASSANO	10659 BUTTONWOOD LAKE	Add
		DRIVE, BOCA RATON FL	Remove
		33498	
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove

i amenu	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
I	
	Marthe
	Signature of a/member or authorized representative of a member MARIA MARTINEZ

Typed or printed name of signee

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Filing Fee: \$25.00

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2013 JAN -4 PN 12: 9
SECRETARY OF STAT

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