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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Ouffigan 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

Name of Person

at (954) 421-9460

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

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:

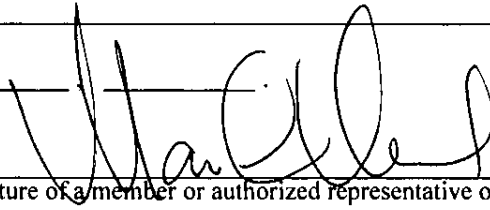
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MANUEL A FIRENZE	10659 BUTTONWOOD LAKE	<input type="checkbox"/> Add
		DRIVE, BOCA RATON	<input checked="" type="checkbox"/> Remove
		FL 33498	
MGR	GUSTAVO PASSANO	10659 BUTTONWOOD LAKE	<input type="checkbox"/> Add
		DRIVE, BOCA RATON FL	<input checked="" type="checkbox"/> Remove
		33498	
			<input 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 _____



Signature of a member or authorized representative of a member

MARIA MARTINEZ

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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