

L10000116929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

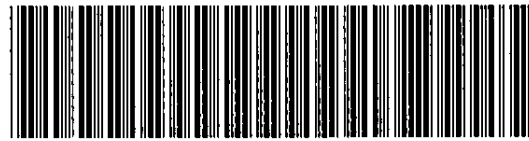
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER

AUG 2 2011

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Magic Tax Solutions, 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:

Rosaly Colon  
Name of Person

Magic Tax Solutions, LLC  
Firm/Company

211 N. John Young Hwy.  
Address

Kissimmee, FL 34741  
City/State and Zip Code

mymagictax@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rosaly Colon at ( 321 ) 217-6100  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Magic Tax Solutions, LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

Page 1 of 2

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	Joseph A. Gonzalez	2006 Shannon Lake Ct. Kissimmee, FL 34743	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Oscar A. Fernandez	1218 La Fortuna Blvd. Kissimmee, FL 34744	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Rosaly Colon	1218 La Fortuna Blvd. Kissimmee, FL 34744	<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.)

Please change the title from MGR  
for Anabelle Lopez to MGRM

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TALLAHASSEE, FLORIDA

Dated July 28, 2011

Signature of a member or authorized representative of a member

Rosaly Colon

Typed or printed name of signee