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Office Use Only



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05/02/11--01030--019 **25.00

COVER LETTER

TQ:

TQ:	Registration Son Division of Con		
SUBJE	СТ.	MAGIC LICE REMOVAL LLC	
SUDJE	C1:	Name of Limited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are submitted for filing.	
Please r	eturn all correspo	ndence concerning this matter to the following:	
		WEBER, CYPORA Name of Person	
		Name of Person	
		Firm/Company	
		3790 ROYAL PALM AVÉ	
		3790 ROYAL PALM AVE	
		MIAMI BEACH, FL 33140 Experience City/State and Zip Code	~7
•			-
		E-mail address: (to be used for future annual report notification)	\prod
For furth	ner information c	E-mail address: (to be used for future annual report notification)	
	WEBER	, cyfold at (347) 482 5791	
	Name o	Person Area Code & Daytime Telephone Number	
_ 4.		e following amount:	
M \$25.0	00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	ed)
	Registr Divisio P.O. Bo	NG ADDRESS: tion Section of Corporations k 6327 see, 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			_	LLC	i		
(Name of the Limited Liabili (A Florida	ity Company as i a Limited Liabilit	t now appeary) y Company)	ırs on our	records.)			
Ç		,,,					
The Articles of Organization for this Limited Liability		filed on	01-0	05-11		d assig	gned
Florida document number 411000001821	<u>. </u>			ָּ ֡		2011 HAY	
					2-77 2-77	A	· zzpra
This amendment is submitted to amend the following:) }	25. 25.	- - <	Wild State Land
				i.	77	_	i to the second
A. If amending name, enter the new name of the lin	mited liability co	ompany he	<u>re</u> :	•		K	[4]
	<u> </u>					. 	i in the second
The new name must be distinguishable and end with the will L.C."	ords "Limited Lia	ability Comp	any," the d	esignation "J	.LC" or	The ab	breviation
Enter new principal offices address, if applicable:			·				
<u>(Principal office address MUST BE A STREET ADD</u>	ORESS)	 	···				
		····					
Enter new mailing address, if applicable:			·				
(Mailing address MAY BE A POST OFFICE BOX)							
B. If amending the registered agent and/or registered agent and/or the new registered office ad-		ddress on	our recor	ds, <u>enter (</u>	<u>he nan</u>	ne of	the new
registered agent and/or the new registered office ad-	uress here:						
Name of Navy Begintered Accepts							
Name of New Registered Agent:					· ·		
New Registered Office Address:	771 . 1						
		E)	iter Florid	a street add	ress		
	City				Zip (Code	
New Registered Agent's Signature, if changing Register	ed Agent:						
handby accent the appointment as resistand access	t and apposite a			Court on one			
thereby accept the appointment as registered agent The provisions of all statutes relative to the proper a	i unu ugree io d and complete ne	ici in inis c erformance	of my dui	juriner agi ies, and I a	ree 10 c ım fami	<i>отріу</i> iliar ч	wun ith and
accept the obligations of my position as registered a	agent as provid	ed for in C	hapter 60	8, F.S. Or,	if this d	docum	ent is
being filed to merely reflect a change in the register		ss, I hereb	y confirm	that the lin	nited lie	ability	1

Page 1 of 2

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

Type of Action <u>Title</u> Name <u>Address</u> 3790 ROYAZ PALM AVE ☐ Add MIMMI BEACH Remove WEBER, CYPURA ROYAL POLIN AVE XX Add Remove _ Add □ Remove Add Remove Remove J. ⊈TAdd ੋਂ <u>N</u>Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) . 2011 Signature of a member or authorized representative of a member WINKLER CYPORA Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00