7/14/2021

Division of Corporations

# Provide Department of State Prision of Composations 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.

(((H210002704073)))



H210002704073ABCX

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 : IP ACCOUNTING GROUP & BUSINESS CONSULTANTS

Account Number : I20170000038 Phone : (305)324-2248

Fax Number : (305)324-4959

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

Email Address: JE@ACCOUNTINGGROUP.COMCASTBIZ.NET

SELACTOR PR 4. 33

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MAGNUS TRADING INTERNATIONAL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

JL 15 PN 3:51

Electronic Filing Menu

Corporate Filing Menu

Help



TO:

### **COVER LETTER**

TO: Registration Division of	n Section Corporations		
AND IF OT	MAGNUS TRADIN	G INTERNATIONAL, LLC	
SUBJECT:	Name of Lim	ited Liability Company	
			•
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
		IL BUNSTER	
		Name of Person	
	L	BUNSTER & ASSOCIATES. PA	
		Firm/Company	
	1	99 SW 12TH AVENUE, SUITE 4	1
		Address	
		MIAMI, FL 33130	
		City/State and Zip Code	
	• •	accountingggroup.comcastbiz.net	and the second s
	E-mail address:	to be used for future annual report no	otification)
For further informati	on concerning this matter, please of	call:	•
IL BUNS	ΓER	305 324-2248	
Na	me of Person		me Telephone Number
Enclosed is a check t	or the following amount:		
■ \$25.00 Filing Fe	e 🔲 \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is eaclosed)
Division of P.O. Box	on Section of Corporations	Street Address: Registration S Division of C The Centre of 2415 N. Mon Tallahassee, I	orporations Tallahassee roe Street, Suite 810

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MA	GNUS TRADING I	NTERNATIONAL	. LLC		
(Name of the Limi	ted Lizbility Compa (A Florida Limited I	ny as it now appears (ability Company)	on our records.)		
The Articles of Organization for this Limited I.	iability Company	were filed on	04/13/11	and assign	ned
Florida document numberL11000044/311	·				
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name o	f the limited liab	ility company her	<u>'c</u> :		
The new name must be distinguishable and contain the	words "Limited Lishil	ity Company " the de	signation "II C" or	the abbreviation "T. I. (	
Enter new principal offices address, if appli		20533 BISCAY	•		<b>-</b> .
(Principal office address MUST BE A STREET ADDRESS)		SUTTE 469			
		AVENTURA,	FL 33180		
Enter new mailing address, if applicable:		SAME AS AB	OVE		
(Mailing address MAY BE A POST OFFICE	BOX)				
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our re	cords, <u>enter the</u>	name of the new i	egiste
Name of Name Processed Access	MARIANA SI	EGEBRE			<del>-</del> -]
Name of New Registered Agent:  New Registered Office Address:		YNE BLVD., SUT	E 469	J. J.	<u>=</u> M
. 2 . Augustas Valles Laston.		Enter Flori	da street address		
	AVENTURA		, Florid	la 33 🔡 ် ယ	
		Cin		Zin Cour	

#### 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 Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	Name	Address	Type of Action
MGR	VIVIANA SEGEBRE	20533 BISCAYNE BLVD SUITE 469	
		AVENTURA, FL 33180	≅Remove
			Change
			□Remove
			□Change
			□Remove
			Change
			□Add
			□Remove
		-	□Change
		Remove	
			Change
			□Add
			□Remove
			Change

	he Name and address of the managing members/manager shall read as follows:
Ņ	IGR: MARIANA SEGEBRE: Located at 20533 Biscayne Blvd., Suite 469, Aventura, Fl 33180
_	
_	
_	
_	
_	
_	
_	
-	
_	
-	
_	
_	
_	
f an effe Note:	ve date, if other than the date of filing:  (optional)  ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ( If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tent's effective date on the Department of State's records.
e record rd is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
	July 14 , 2021
Dated	1 & - 1

Filing Fee: \$25.00