

L11000132710

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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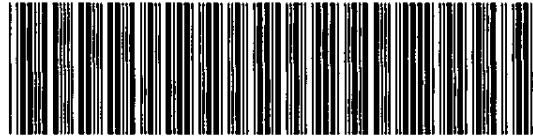
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
T. CLINE
OCT 30 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

MAGIC WHEELS LLC

SUBJECT: _____
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:

ANTHONY GUBELLO

Name of Person

MAGIC WHEELS LLC

Firm/Company

15252 SPRING HILL DR.

Address

SPRING HILL, FL 34604

City/State and Zip Code

MAGICWHEELSLLC@GMAIL.COM

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

For further information concerning this matter, please call:

ANTHONY GUBELLO

Name of Person

at (754)

367-2483

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

FILED
2012 OCT 29 AM 10:10
TALLAHASSEE, FL 32301
SECRETARY OF STATE

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
MAGIC WHEELS LLC**

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

11/22/2011

The Articles of Organization for this Limited Liability Company were filed on 11/22/2011 and assigned
Florida document number L11000132770

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

15252 SPRING HILL DR.

SPRING HILL, FL 34604

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

15252 SPRING HILL DR.

SPRING HILL, FL 34604

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

15252 SPRING HILL DR.

Enter Florida street address

SPRING HILL
City

Florida

34604
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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ANTHONY GUBELLO	33 E CAMINO REAL #601 BOCA RATON, FL 33432	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ANTHONY GUBELLO	484 CAPE COD LOOP SPRING HILL, FL 34607	<input type="checkbox"/> Add <input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2012 OCT 29 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FL 32304

Dated OCTOBER 19, 2012



Signature of a member or authorized representative of a member

Typed or Printed Name of Signer