

L12 000011732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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FALL ARBOR, FL 32304
14 FEB -4 PM 4:33
2014

J. Stivers FEB 06 2014

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 17, 2014

OSWALDO ORTIZ
1414 OAK VALLEY DR
SEFFNER, FL 33584

SUBJECT: MAGIC TOUCH AUTO SPA LLC
Ref. Number: L12000011732

We have received your document for MAGIC TOUCH AUTO SPA LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 714A00001240

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **Magic Touch Auto Spa, 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:

Oswaldo Ortiz

Name of Person

Magic Touch Auto Spa

Firm/Company

1414 Oak Valley Dr

Address

Seffner, FL 33584

City/State and Zip Code

ozzieortiz@hotmail.com

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

For further information concerning this matter, please call:

Oswaldo Ortiz

Name of Person

at **(813) 857-7033**

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Magic Touch Auto Spa, LLC

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

The Articles of Organization for this Limited Liability Company were filed on Jan 25, 2012 and assigned
Florida document number L1200011732.

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: Oswaldo Ortiz

New Registered Office Address: 1414 Oak Valley Dr

Enter Florida street address

Seffner, Florida 33584

City

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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

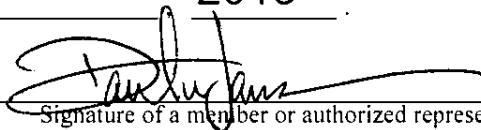
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Oswaldo Ortiz	1414 Oak Valley Dr	<input checked="" type="checkbox"/> Add
		Seffner, FL 33584	<input type="checkbox"/> Remove
MGR	Daniel Jansen	6002 Tealside Ct	<input type="checkbox"/> Add
		Lithia, FL 33547	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated February 1 2013



Signature of a member or authorized representative of a member

Daniel W. Jansen

Typed or printed name of signee

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Filing Fee: \$25.00

16 FEB -6 PM 14:33
MILWAUKEE, WI
FEB 14 2013