

L12000020301

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

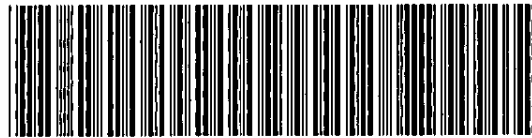
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

NO
\$



300220921493

300220921493
03/14/12--01008--013 **25.00

FILED
12 MAR 14 PM 1:48
REGISTRY # STATE
TALLAHASSEE, FLORIDA

G. MCLEOD

MAR 15 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 23, 2012

MARITZA VALDES
2734 SW 131 CT
MIAMI, FL 33175

SUBJECT: MAGIC PRODUCTS, LLC
Ref. Number: L12000020301

We have received your document for MAGIC PRODUCTS, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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

Gina McLeod
Regulatory Specialist II

Letter Number: 912A00007758

MAGIC PRODUCTS, LLC
2734 SW 131 CT
MIAMI, FL 33175
786-239-6054
Email: magicproductsllc@gmail.com

February 17, 2012

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Magic Products, LLC

To Whom It May Concern:

As informed by your Department, enclosed please check in the amount of \$55.00 made payable to Florida Department of State for filing articles of amendment for Magic Products, LLC (\$25.00) and to obtain a Certified copy (\$30.00) of the amended articles.

Our telephone number is : 786-239-6054.

We have enclosed a prepaid Express Mail envelope to expedite the process in getting the documents to us.

Thank you in advance for your prompt attention to this matter.

Sincerely,


Maritza Valdes
Managing Member

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAGIC Products 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:

Maritza Valdes

Name of Person

Magic Products LLC

Firm/Company

2734 SW 131 CE

Address

Miami, FL 33175

City/State and Zip Code

magicproductsllc@gmail

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

For further information concerning this matter, please call:

Maritza Valdes

Name of Person

at (786) 239-6054

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

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	Ailin A. Fernandez	2500 NW 79 Ave Suite 298 Miami, FL 33122	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated

February 17, 2012

Signature of a member or authorized representative of a member

MARITZA VARGAS

Typed or printed name of signee