## 120002030

(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





300220921493

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

12 MAR I 4 PM I: 48
TERRITARY STATE
FALL ANASSEE, FLORIDA

G. MCLEOD

MAR 15 2012

**EXAMINER** 



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: magicproducts/lc@gmail.com

February 17, 2012

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahasse, 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: MACOIC Products LLC  Name of Limited Liability Company
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
Name of Person
M9 BIC Products LLC
Firm/Company
2734 5W 131CT.
1200200
City/State and Zip Code
City/State and Zip Code
magicpre ducts/10 ac gmail
For further information concerning this matter, please call:
Maritza Valdes at (786) 239-6054  Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \times \text{S30.00 Filing Fee & Certificate of Status} \text{\$\sum_{\text{S55.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)}} \\ \text{\$\sum_{\text{S0.00 Filing Fee & Certified Copy (additional copy is enclosed)}}} \\ \end{aligned} \\ \text{\$\sum_{\text{S0.00 Filing Fee & Certified Copy (additional copy is enclosed)}}} \\ \end{aligned} \\ \text{\$\sum_{\text{S0.00 Filing Fee & Certified Copy (additional copy is enclosed)}}} \\ \end{aligned} \\ \text{\$\sum_{\text{S0.00 Filing Fee & Certified Copy (additional copy is enclosed)}}} \\ \end{aligned} \\ \text{\$\sum_{\text{S0.00 Filing Fee & Certified Copy (additional copy is enclosed)}} \\ \end{aligned} \\ \text{\$\sum_{\text{S0.00 Filing Fee & Certified Copy (additional copy is enclosed)}} \\ \end{aligned} \\ \text{\$\sum_{\text{S0.00 Filing Fee & Certified Copy (additional copy is enclosed)}} \\ \end{aligned} \\ \text{\$\sum_{\text{S0.00 Filing Fee & Certified Copy (additional copy is enclosed)}} \\ \end{aligned} \\ \text{\$\sum_{\text{S0.00 Filing Fee & Certified Copy (additional copy is enclosed)}} \\ \end{aligned} \\ \text{\$\sum_{\text{S0.00 Filing Fee & Certified Copy (additional copy is enclosed)}} \\ \end{aligned} \\ \text{\$\sum_{\text{S0.00 Filing Fee & Certified Copy (additional copy is enclosed)}} \\ \end{aligned} \\ \text{\$\sum_{\text{S0.00 Filing Fee & Certified Copy (additional copy is enclosed)}} \\ \end{aligned} \\ \text{\$\sum_{\text{S0.00 Filing Fee & Certified Copy (additional copy is enclosed)}} \\ \end{aligned} \\ \text{\$\sum_{\text{S0.00 Filing Fee & Certified Copy (additional copy is enclosed)}} \\ \end{aligned} \\ \text{\$\sum_{\text{S0.00 Filing Fee & Certified Copy (additional copy is enclosed)}} \\ \end{aligned} \\ \text{\$\sum_{\text{S0.00 Filing Fee & Certified Copy (additional copy is enclosed)}} \\ \end{aligned} \\ \text{\$\sum_{\text{S0.00 Filing Fee & Certified Copy (additional copy is enclosed)}} \\ \end{aligned} \\ \$\sum_{\text{S0.00 Filing Fee & Certi

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

M991C	Products L	LC-	
(Name of the Limited Liability (A Florida L	Company as it now appears on o imited Liability Company)	ur records.)	_
The Articles of Organization for this Limited Liability Co. Florida document number	ompany were filed on 02	/10/2012 and	ł assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company here:		
The new name must be distinguishable and end with the won "L.L.C."	ds "Limited Liability Company," th	ne designation "LLC" or	the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	ESS)		
			<u> </u>
	<u></u>	100 (10) 100 (10)	30 F;
Enter new mailing address, if applicable:		################################	£ (****
(Mailing address MAY BE A POST OFFICE BOX)		7	PH
		( ) ( )	- 0
		AND THE	<del>+</del>
B. If amending the registered agent and/or registered agent and/or the new registered office addr	ered office address on our re ress here:	cords, <u>enter the nam</u>	ne of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	rida street address	
		, Florida	
N. M.	City	Zip C	Code
New Registered Agent's Signature it changing Desistance	t dia a		

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

MGR = Manager

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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
4GRY.	AILIN A. Fernandez	2500NW79Ave 501TE 298 719M1, FL 33/25	Add Remove
·	<del>-</del>		Add  Remove
			Add Remove
			Add Remove
<del></del>			Add Remove
			Add Remove
D. If amendi	ing any other information, enter change(	s) here: (Attach additional sheets, if necessary.)	_
			<del>_</del>
		/2	<del>-</del> -
 Dated	February 17, 201	_	

Page 2 of 2

Filing Fee: \$25.00