## L12000054156

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SECRETARY OF STATE

T. CLINE MAY - 8 2012

**EXAMINER** 



April 26, 2012

JACK ACKER 3445 NE 167TH STREET NORTH MIAMI BEACH, FL 33160

SUBJECT: MAGIC CITY HOLDINGS, LLC

Ref. Number: L12000054156

We have received your document for MAGIC CITY HOLDINGS, 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):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

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

Tammi Cline Regulatory Specialist II

Letter Number: 812A00012789

## **COVER LETTER**

Division of Co				
SUBJECT:	Magic C	ity Holding LLC		
SUBJECT:		Magic City Holding LLC  Name of Limited Liability Company  dment and fee(s) are submitted for filing.  e concerning this matter to the following:  Jack F Acker  Name of Person  Firm/Company  3445 NE 167TH STREET  Address  NORTH MIAMI BEACH, FL 33160  City/State and Zip Code  acker27@gmail.com  E-mail address: (to be used for future annual report notification)  ning this matter, please call:  Acker  at (305)  944-1488  Area Code & Daytime Telephone Number		
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.		•
Please return all correspo	ondence concerning this matter	to the following:		
		Jack F Acker		
		Name of Person		
		Firm/Company		
·	34			
	NODTI		3160 ·	
	NONT		5100	
	E-mail address: (	acker27@gmail.com to be used for future annual report	t notification)	
For further information of	concerning this matter, please of	all:		
Ji	ack F Acker	at ( 305 )		
Name o	of Person	Area Code & D	aytime Telephone Number	AN CIRC
Enclosed is a check for t	the following amount:	· :	ASS	
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc		y is enclosed)
MAIL	ING ADDRESS:	STREET/CO	DURIER ADDRESS:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Magic City	Holding LC
(Name of the Limited Liability Con (A Florida Limite	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Comp  Florida document numberL12000054156	pany were filed on 04/21/2012 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited l	liability company here:
The new name must be distinguishable and end with the words "L".L.C."	Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	ALCC PARTIES
(Principal office address MUST BE A STREET ADDRESS	S)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	RY OF STATE SSEE, FLORIDA
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our records, enter the name of the new here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
_	, Florida
	City Zin 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 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:

itle ·	<u>Name</u>	Address	Type of Action
<u>IGRM</u>	Jack F Acker	3445 NE 167TH STREET NORTH MIAMI BEACH, EL 3160	✓ Add Remove
GR	Alex I Acker	3445 NE 167TH STREET NORTH MIAMI BEACH, FL 3160	Add Remove
			Add Remove
			Add Remove
	·		SECRETARION AND AND AND AND AND AND AND AND AND AN
···			Add Add
If amend	ing any other information, enter	change(s) here: (Attach additional sheets, if necessary	
			<del> </del>
ted	04/23/2012		Ada
	(L. /\ /\ /	Mia (	471

Page 2 of 2

Filing Fee: \$25.00