## L12000087181

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
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(Document Number)
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SECRETARY OF STATE

D. BRUCE
AUG 1.7 2012
EXAMINER

## **COVER LETTER**

TO:	Registration Section Division of Corporat	ions			
SUBJE	·CT·	MAGIC INF	( & TONER, LLC		
ЗОВЗЕ			ed Liability Company		
The en	closed Articles of Amer	ndment and fee(s) are sub-	mitted for filing.		
Please	return all correspondence	ce concerning this matter	to the following:		
HECTOR L CRUZ, CPA  Name of Person					
			Number 1 of Son		
ACCOUNTING FIRM CPA, LLC					
			Firm/Company		
	1030				
	_		Address		41-48
ALTAMONTE SPRINGS FL 32714					FIL <b>12 AUG 16</b> SECRETAR ALLAHASS
City/State and Zip Code					ARCT IS
	<u></u>		ACCOUNTINGFIRM		FILED 16 AN ARY 09 488EE.
		E-mail address: (t	o be used for future annual repo	ort notification)	
For fur	ther information concer	ming this matter, please c	all:		AM IO: 47 OF STATE E. FLORIO
	HECTOR L	CRUZ, CPA	at (_321_)	332-1400	<b>夏州 5</b>
	Name of Pers		Area Code &	Daytime Telephone Number	_
Enclos	ed is a check for the fol	lowing amount:			
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e		f Status &
	Registration	Corporations 27	Registration Division of Clifton Bui	Corporations	

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAGI	C INK, LLC					
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appeated Liability Company)	rs on our records.)				
The Articles of Organization for this Limited Liability Complete Florida document numberL12000087181	pany were filed on	07/03/2012	and assigned			
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited	liability company her	<u>re</u> :				
	& TONER, LLC					
The new name must be distinguishable and end with the words "L.L.C."	'Limited Liability Compa	any," the designation "L	LC" or the abbreviation	n		
Enter new principal offices address, if applicable:	w-		7.0 -			
(Principal office address MUST BE A STREET ADDRES	<u></u>	<del></del>	<u> </u>			
			CRET			
			ARY ASSI	= 2		
Enter new mailing address, if applicable:	<del></del>		<u> </u>	50		
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>			
		<del></del>				
		•	T-			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		our records, enter t	he name of the nev	<u>*</u>		
	·					
Name of New Registered Agent:						
New Registered Office Address:	New Registered Office Address:  Enter Florida street address					
	City	, Florida	Zip Code			
	Cay		in cone			

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 = Ma $MGRM = N$	mager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
D. If amen	ding any other information, enter chan	nge(s) here: (Attach additional sheets, if necessar	y.)
			12 A SECR TALLA
Dated	AUGUST 1 2	2012	AND FILED  AUG 16 AM 10: 47  ARETARY OF STATE AHASSEEL FLORIDA
		per or authorized representative of a member	——————————————————————————————————————
		NGEL M TRINIDAD ed or printed name of signee	<del></del>
	· ·	Page 2 of 2	

Filing Fee: \$25.00