08/01/2031 04:23



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H130002086523)))



H130002086523ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I2000000019
Phone : (305)552-5973

Fax Number : (305)220-1440

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MAGE ENTERPRISES, LLC \*\*\*\*\*\* SEE NOTE

	<del></del>
Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

3 SEP 19 PM 3:53 ... SECRETARY OF STATE ALLAHASSEE, FLORIGA

Electronic Filing Menu

Corporate Filing Menu

Help

9813 SEP 19 AH 11:

"L.L.Ç."

F 125 1 002/004

## 3000208652 ARTICLES OF ORGANIZATION

2013 SEP 19 AM 11: 01 SECRETARY OF STATE TALLAHASSEE, FLORIDA

as it now appears on our records. The Articles of Organization for this Limited Liability Company were filed on-Soplember 18,201 assigned Plorida document number <u>L/300003726</u> 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 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:

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:		
New Registered Office Address:	Enter Fl	orida street address
,	City	, Florida

New Registered Agent's Signature, if changing Registered Agent:

(Mailing address MAY BE A POST OFFICE BOX)

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

Page 1 of 3

08/01/2031 04:23

## H13000000052

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>	Name	Address	Type of Action
162 <u>11</u>	Ruben A. Gonzale:	Trancoso # 16 Torre	Add
		La Warq. VI Apt 9	Remove
•		Paraiso, 50 10802 RD	· 
			Add
	·		Remove
			Add
			Remove
			_
			_ Add
			Remove
· · · · · · · · · · · · · · · · · · ·	·		Add
			Remove
			Add
			Remove

Page 2 of 3

H13000208652

## H13000200552

U. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Correct Warasing Nember Address to:
Correct Managing Member Address to: 3900 York-towne Blvd. Apt 2603 Port Orange, FL 32129
Port Orange, FL 32129
Dated Sopknber 18 , 2013.
Signature of a member or authorized representative of a member
Typed of printed name of signee
Page 3 of 3
Liling Page 626 00