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(Re	questor's Name)	<u> </u>
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	> #)
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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

Mag & Sok 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:

Maxence Magnou

Name of Person

Mag & Sok LLC

Firm/Company

9737 NW 41st St Ste 142

Address

Doral, Florida 33178

City/State and Zip Code

maxmagnou1@hotmail.com

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

For further information concerning this matter, please call:

Michael Woods

st (561) 586-0090

Name of Person

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)

Cl\$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mag & Sok LLC				
(Name of the Limited Li (A F	ability Company as it now appears on our records.) orida Limited Liability Company)			
The Articles of Organization for this Limited Liab Florida document number L13000041360	ability Company were filed on March 19, 2013 and assigne		ssigned	
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	ne limited liability company here:		2013	
The new name must be distinguishable and end with to "L.L.C."	he words "Limited Liability Company," the designation	"LLC" or the		ntion"
Enter new principal offices address, if applicab	le:		7	_ (
(Principal office address MUST BE A STREET.	ADDRESS)	ان ^ت الد	PH	i i
		÷:	D	
		en la	2	_
Enter new mailing address, if applicable:		- '	<u>.</u>	
(Mailing address MAY BE A POST OFFICE BO				_
				_
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>enter</u> e address here:	the name	of the	new
Name of New Registered Agent:			·	
New Registered Office Address:				
	Enter Florida street a	ddress	" "	_
_	, Florida			
	City	Zip Coo	te	

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:

MGR = Manager MGRM = Managing Member Type of Action <u>Address</u> Title Name **Ravy Truchot** 430 Monserrate St MGR Coral Gables, FL 33146 Remove