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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Magnapass, 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:

Victor Canales

Name of Person

Magnapass, LLC

Firm/Company

3830-7 Williamsburg Prk Plc Blvd

Address

Jacksonville, FL 32257

City/State and Zip Code

canalesroman@yahoo.com

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

For further information concerning this matter, please call:

Victor Canales

Name of Person

904 405-3615

at ()

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)

☐ \$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

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MAGNAPASS, LLC

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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

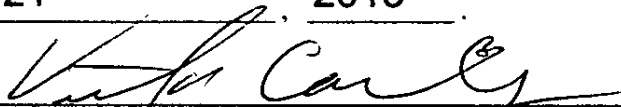
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Joseph J Moravia	P.O. Box 1854	<input checked="" type="checkbox"/> Add
		Valrico, FL 33595	<input type="checkbox"/> Remove
MGRM	Sterling Hawkins	1242 saxony dr se	<input type="checkbox"/> Add
		Conyers, GA 30013	<input checked="" type="checkbox"/> Remove
MGRM	Jacques H Moravia	4833 Brierwood rd	<input type="checkbox"/> Add
		Jacksonville, FL 32257	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated August 21, 2013



Signature of a member or authorized representative of a member

Victor Canales

Typed or printed name of signee

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Filing Fee: \$25.00

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