L17000085277

Office Use Only



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10/02/14--01026--013 **55.00

14 OCT -2 AM IO: 37
SECRETARY OF STATE
FALLAHASSEF, FLORING

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Wizard Ink 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:
Mara Freeman Name of Person
Wizard Creations Firm/Company
4722 NW Boca Raton Blvd # C-105
Boca Raton, FL 33431 City/State and Zip Code mfreen an @ wizard creations. com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Mara Free Man at (954) 317-2940 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ \$55,00 Filing Fee & Certificate of Status \$\$ \$55,00 Filing Fee & Certificate of Status & Certificate of Status & Certificate of Status & Certificate Opy (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

(Name of the Limited Liability Compan	v as it now appears on our records.) ability Company)		
(A Florida Limited Li	ability Company)		
The Articles of Organization for this Limited Liability Company v Florida document number <u>L13006085277</u>	vere filed on 6/12/13	and assig	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:	•	
The new name must be distinguishable and end with the words "Limited Liabil	ity Company," the designation "LLC" or the	e abbreviation "L.l	L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			•
(Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		r the name o	f the new
		₹ø →	
Name of New Registered Agent:		<u>≯8</u> 8	
New Registered Office Address:		美国コ	1 1
	Enter Florida street address	SSE ANA	in and the
	, Florida _	Mo 😤) were the
	City	<i>学》。</i>	
New Registered Agent's Signature, if changing Registered Agent:		37 光温	
I hereby accept the appointment as registered agent and agre-			

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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Wizard Creations	4722 NW BOCA Rato	∩ □ Add
		Blva # (-105	Remove
		Boca Raton, FL 334:	<u>3 </u>
MGR	Luke Freeman	4722 NW Boca Raton	Add
		Blva # C-105	,
		Boca Raton, FL 3343	31
MGR	Mara Freeman	4722 NW Boca Rato	
		BIVA # C-105	
		boca Raton, FL 3343	<u> </u>
			□ Add
			Remove
			ICI -2
		i.	
			Remove
			Add
-			☐ Remove
		<u> </u>	in remove

atnending any other information, enter change(s) here: (Attach add	litional sheets, if necessary.
•	
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THE PLANE AND AND ADDRESS OF THE PLANE AND ADD	
fective date, if other than the date of filing: ne effective date must be specific, cannot be prior to date of receipt or filed date and cannot date this document is filed by the Florida Department of State)	(optional) not be more than 90 days after
ed September 30, 2014.	
Monen	
V Signature of a member or authorized representa	tive of a member

Page 3 of 3

Filing Fee: \$25.00

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AND SECRETARY OF STATE

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