

L/3000/4/685

Florida Department of State
Division of Corporations
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STATE OF FLORIDA
DIVISION OF CORPORATIONS

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MAGIC CITY REALTORS, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 23 2013

A. LUNT

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAGIC CITY REALTORS, 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:

Gryska Arguello
Name of Person
Thomas G. Sherman, P.A.
Firm/Company
90 Almeria Avenue
Address
Coral Gables, FL 33134
City/State and Zip Code
Gryska@uniontitleservices.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

Gryska Sotolongo at 305 448-5898 ext. 204
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)
- \$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**

Magic City Realtors, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10-04-13 and assigned Florida document number L13000141685

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 "LLC."

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 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 Florida street address

_____ Florida _____

City

Zip Code

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

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2013 OCT 22 PM 11:47
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

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	Carol Housen	7330 Ocean Terrace	<input type="checkbox"/> Add
		Unit # 2001	<input checked="" type="checkbox"/> Remove
		Miami Beach, FL 33141	
MGRM	Carol Housen, P.A	7330 Ocean Terrace	<input checked="" type="checkbox"/> Add
		Unit # 201	<input checked="" type="checkbox"/> Remove
		Miami Beach, FL 33141	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated October 15, 2013

Signature of a member or authorized representative of a member
Thomas G. Sherman, Esq.

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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STATE OF FLORIDA
SULLIVAN COUNTY CLERK

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