L13000155303

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SECRETARY OF STATE FALLAHASSET, FLORIDA

MAY 0 7 2019 SCHROEDEF

COVER LETTER

Division of Corpo			
SUBJECT: <u>Mao</u>	ic City Who	le Sale LLC ted Liability Company	
	mendment and fee(s) are sub-	<u>-</u>	
Trease retain air correspond	teller concerning this matter	or the tomorning.	
	Wenceslap	V. Farnandez	
		Name of Person	
	Magie	City Wholesale	ic
	1404	Ponce De Leon	
	Coral	City/State and Zip Code	33134
	V Cto C E-mail address: (1	@ Biscaynedeco	r. com
For further information cor	ncerning this matter, please ca	dl:	
Wencestao V.	Fernandez	at (305) 569 -	- 0505 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 W	holesale LC ability Company as it now appears on our reco	
A <u>Name of the Limited Liz</u> (A Flo	ability Company as it now appears on our reco orida Limited Liability Company)	<u>rds.</u>)
The Articles of Organization for this Limited Liability Florida document number <u>U130001553</u> 0	,	and assigned
This amendment is submitted to amend the following	n: C:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "L.	I.C. or the abhredynation 1.L.C.
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AI	ODRESS)	55 6 .
) . 2: 2 STAI LORU
Enter new mailing address, if applicable:		0 mg
(Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or r registered agent and/or the new registered office:		rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
_		Florida
	Cuy	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 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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>l'itle</u>	<u>Name</u>	Address	Type of Action
MGR	Angel Carcia	3621 Sw 113 PL Nuami, FC 33165	iZ Add
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ective date, if other than the date of filing: \(\sum_{\text{Q}} \) \(\sum_{\text{Q}}		
,		
record specifies a delayed effective date, but not an effective time. The 90th day after the record is filed.	ie, at 12:01 a.m. on the ϵ	arlier o
and April 28 1 2019		

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Filing Fee: \$25.00