13000158451

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T. MATTHEWS APR 2 1 2022

COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	MAGIC D	EVELOPMENT LLC		
sobster.		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		LUIS SINELLI		
		· · · · · · · · · · · · · · · · · · ·	Name of Person	
		MAGIC DEVELOPMENT	ΓLLC	
			Firm/Company	
		5933 Blakeford Drive		
			Address	
		WINDERMERE, FL - 347	786	
			City/State and Zip Code	
		lesinelli@gmail.com	to be used for future annual report	
For further in	nformation c	oncerning this matter, please co		notificationy
Luis Sinelli			407 748-284	0
	Name o	f Person	at ()	ytime Telephone Number
	. vanie o	11 (1301)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
Enclosed is a	a check for th	ne following amount:		
■ \$25.00 F	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)
Re	iling Addres	Section	Street Addres Registration	Section
	vision of C D. Box 632	Corporations 27		Corporations of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



22 APR -6 PM 1: 30

MAGIC DEVELOPMENT 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 Lia Florida document number L13000158451	bility Company	were filed on 11/	12/2013	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of	the limited liab	ility company her	<u>re</u> :	
The new name must be distinguishable and contain the wo	rds "Limited Liabil	ity Company," the de	esignation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applica	ble:	5933 BLAKEFO	ORD DRIVE.	
nter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRES. Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered officent and/or the new registered office address here: Name of New Registered Agent:		WINDERMERE	E. FL - 34786	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>0X)</u>	5933 BLAKEFO WINDERMERE		
agent and/or the new registered office address	_	address on our re	cords, <u>enter the name</u>	of the new registered
Name Provintantal Office Address	5933 BLAKEF	ORD DRIVE		
New Registered Office Address:		Enter Flori	da street address	
	WINDERMER	E	, Florida <u>347</u>	86
		City		Zip Code
New Registered Agent's Signature, if changing Re	egistered 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
CEO	HECTOR LIZASUAIN	7430 BROOKLYN DRIVE	□Add
		KISSIMMEE, FL - 34747	■Remove
			Change
MGR	LUIS SINELLI	5933 BLAKEFORD DRIVE	= Add
		WINDEREMERE, FL - 34786	Remove
			Change
		-	
			□ Remove
			□ Change
			🗆 Add
			□Remove
			□Change
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			□Remove
			□Change
			□Add
			□Remove
			□Change

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			y ming require	ements, this di	iate will not be fiste	u as
record specifies a delayed effective date, but	t not an effective ti	me, at 12:01	a.m. on the ea	arlier of: (b)	The 90th day after	the
is filed.						
APRII Ist	2022		4			
ated APRIL 1st		- 1	!			
	_					
Signature	of a member or autho	orized Aprese	ntative of a men	nber		
LUIS SINELLI						