

10/09/2023 02:50PM 4073812307

SANTOS & PANTOJAS TA

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Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : SANTOS & PANTOJAS TAX, ACCOUNTING & INSURANCE INC
Account Number : 120170000075
Phone : (407)381-6137
Fax Number : (407)381-2307

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

Email Address: marylw2@SPYAX FL.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MAGAIVER AUTO BODY LLC

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FLORIDA
DIVISION OF CORPORATIONS
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OCT 10 2023

H 230003536303
COVER LETTERTO: Registration Section
Division of CorporationsSUBJECT: MAGAIVER AUTO BODY 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:

ARIEZEL MALDONADO

Name of Person

MAGAIVER AUTO BODY LLC

Firm/Company

472 BETSY ROSS TER

Address

ORLANDO, FL 32809

City/State and Zip Code

maryluz@sptaxfl.com

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

For further information concerning this matter, please call:

ARIEZEL MALDONADO

321

947-6709

at ()

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 32314Street Address:Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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SANTOS & PANTOJAS TA
ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

H230003536303

MAGAIVER AUTO BODY 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 01/10/2014 and assigned
Florida document number 114000005522.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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)

472 BETSY ROSS TER

ORLANDO, FL. 32809

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:

ARIEZEL MALDONADO

New Registered Office Address:

472 BETSY ROSS TER

Enter Florida street address

ORLANDO

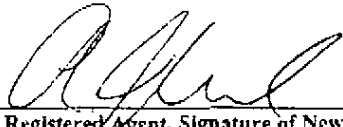
Florida 32809

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 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

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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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ARISTIDES MALDONADO	472 BETSY ROSS TER	<input type="checkbox"/> Add
		ORLANDO, FL. 32809	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ARIEZEL MALDONADO	472 BETSY ROSS TER	<input checked="" type="checkbox"/> Add
		ORLANDO, FL. 32809	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N/A

E. Effective date, if other than the date of filing: _____ (optional)

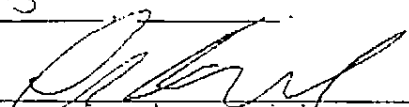
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated

Oct 5, 2023



Signature of a member or authorized representative of a member

ARIEZEL MALDONADO

Typed or printed name of signee

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