

L14000062260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700265535897

700265535897  
10/20/14--01019--016 \*\*30.00

FILED

2014 OCT 20 AM 11:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Gulligan OCT-22 2014

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: EL Magic Touch L.L.C**

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:

Juanita Perez

Name of Person

EL Magic touch l.l.c

Firm/Company

403 San Marcos Ave

Address

Sanford Fl 32771

City/State and Zip Code

Juanitaperez802@gmail.com

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

For further information concerning this matter, please call:

Juanita perez

at ( 407 ) 416-1252

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



**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>	<u>Address</u>	<u>Type of Action</u>
MGR	Juanita perez	403 San Marcos Ave	<input checked="" type="checkbox"/> Add
		Sanford Fl,32771	<input type="checkbox"/> Remove
AMBR	Alberto A Estaban	1216 Ustler Rd	<input checked="" type="checkbox"/> Add
		Apopka Fl,32712	<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

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

---

---

---

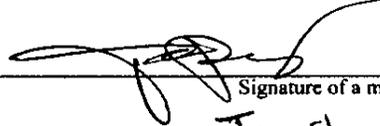
---

---

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated October 15, 2014



Signature of a member or authorized representative of a member

Jhanika Perez

Typed or printed name of signee

Page 3 of 3  
Filing Fee: \$25.00

FILED  
2014 OCT 20 AM 11:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA