

214000110634

(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



800269033388

02/05/15--01013--025 \*\*25.00

FILED  
15 FEB -5 AM 8:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED FEB 12 2015

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**Team Magic Real Estate**

**SUBJECT:** \_\_\_\_\_  
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:

**Timothy L Young**

\_\_\_\_\_  
Name of Person

**Team Magic Real Estate**

\_\_\_\_\_  
Firm/Company

**1625 Hackney Ave.**

\_\_\_\_\_  
Address

**Orlando, FL 32806**

\_\_\_\_\_  
City/State and Zip Code

**tyoung2@cfl.rr.com**

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

For further information concerning this matter, please call:

**Timothy L Young**

**321 377-1101**

\_\_\_\_\_  
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 32314

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Team Magic Real Estate LLC

Page 1 of 3

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	Balanoff, Gary	698 Comanche St.	<input type="checkbox"/> Add
		Oviedo, FL 32765	<input type="checkbox"/> Remove

* Owner	Young, Timothy L	1625 Hackney Ave.	<input type="checkbox"/> Add
		Orlando, FL 32806	<input type="checkbox"/> Remove

\*Note: Title Change Only.

* Owner	Rivera, Jaime Leizan	10612 Holly Crest Dr.	<input type="checkbox"/> Add
		Orlando, FL 32836	<input type="checkbox"/> Remove

15 FEB - 5 AM 8:23  
 RECEIVED  
 TALLAHASSEE FLORIDA

			<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.)*

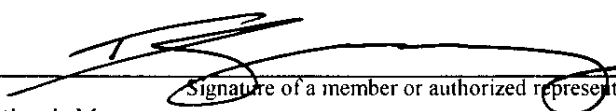
Gary Blanoff is the Managing Director, and the other two are owners

of the company in addition to the Managing Director

**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     May 30    ,     2015    

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Timothy L Young

\_\_\_\_\_  
Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

FILED  
15 FEB -5 AM 8:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA