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COVER LETTER

Division of Cor	porations '		
SUBJECT: Tex	m Magic Real Name of Limi	Estate LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Timothy L. Re max Ma	Name of Person Firm/Company	
		nellings Blvd. Suite	
	Orlando, Fa Tyoung 2 C E-mail didress: (1	City/State and Zip Code CfL. Com to be used for future annual report notif	ication)
For further information of	oncerning this matter, please ca		
Timotry Name o	L. Young	at (321) Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 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:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

- leam Magic 1	ecl Est	ite 11-C	-		-
(Name of the Limited L	iability Company Iorida Limited Lia	as it now appears bility Company)	s on our records.		
The Articles of Organization for this Limited Liabili Florida document number		ere filed on	7/14/14	and a	ıssigned
This amendment is submitted to amend the following	ıg:				
A. If amending name, enter the new name of the	limited liabili	ty company he	<u>re</u> :		
The new name must be distinguishable and contain the words	"Limited Liability	Company," the de	esignation "LLC" or the	e abbreviation `	L.L.C."
Enter new principal offices address, if applicable	:				
Principal office address MUST BE A STREET AI	DDRESS)			<u> </u>	
	<u>-</u>	***		<u> </u>	
					T
Enter new mailing address, if applicable:				ioni a mi coni monta ami	; [7]
Mailing address MAY BE A POST OFFICE BOX	· ?)				U
Mulling data ess mai ble a rost of rice box	<u> </u>				
	-				
3. If amending the registered agent and/or registered agent and/or the new registered office and/or	address here:	. L. Young			
New Registered Office Address:	7575	Dr. Ph.II Enter Flori	da street address	<u>Suite</u> :	350
	Orland	du	, Florida	3281	9
		City		Zip Coa	le

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, $\underline{\text{enter the title, name, and address of each person being added}}$ or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Triska, Priscila	8630 Powder Trl.	Add
		8630 Powder Trl. Windermere, F234786	Remove
			Change
MGR	Carrera, Sarta	1013 Gare Pr.	🗆 Add
		1013 Gove Pr. Brokes Onder, F2 32761	Remove
			Change
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fan effective Vote: If the	date is listed, the date inserted i	han the date of the date must be specified in this block does on the Department	offic and cannot s not meet the	be prior to date o applicable stat	f filing or more t	han 90 days aft	tional) ter filing.) Pursu his date will no	ant to 60 ot be lis	05.0207 sted as
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Filing Fee: \$25.00