

#L14000117135

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

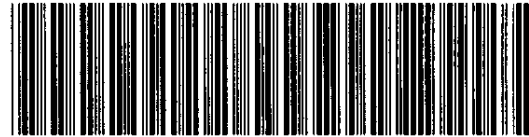
(Business Entity Name)

(Document Number)

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CLERK OF COURT
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
AUG 29 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AJL 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:

Lilian Galdos

Name of Person

AJL L.L.C

Firm/Company

20701 Bruce B Downs Blvd

Address

Ste 201

Tampa, FL 33647

City/State and Zip Code

lulian89@hotmail.com

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

For further information concerning this matter, please call:

Lilian Galdos

Name of Person

813 841 2859

at (Area Code)

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

AJL L.L.C

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on June 20, 2014 and assigned
Florida document number L14000117135.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Majik Investments L.L.C

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

20701 Bruce B Downs Blvd, Tampa FL. 33647

(Principal office address MUST BE A STREET ADDRESS)

STE 201

Enter new mailing address, if applicable:

20701 Bruce B Downs Blvd, Tampa FL. 33647

(Mailing address MAY BE A POST OFFICE BOX)

STE 201

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:

Marcelo Aramendi

New Registered Office Address:

20701 Bruce B Downs Blvd, Tampa FL. 33647 Ste 201

Enter Florida street address

Tampa

City

, Florida 33647

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

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>
president	Lilian Galdos	20701 Bruce B Downs Blvd,	<input checked="" type="checkbox"/> Add
		Tampa, FL. 33647. Ste 201	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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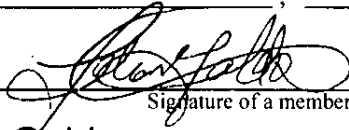
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STATE

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 August 11, 2014



Signature of a member or authorized representative of a member

Lilian Galdos

Typed or printed name of signee

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TALLAHASSEE, FLORIDA