

L14000175854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

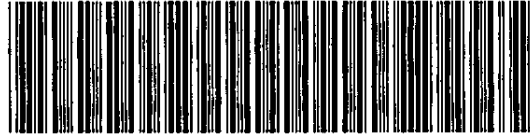
(Business Entity Name)

(Document Number)

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2015 NOV 13 P 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 13 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Magical Kingdom Vacation, 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:

John W Bullard

Name of Person

Magical Enchanted Vacations, LLC

Firm/Company

1228 East 7th Ave, Suite #200

Address

Tampa, FL 33605

City/State and Zip Code

john@MagicalEnchantedVacations.com

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

For further information concerning this matter, please call:

John W Bullard

813

416-7148

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 NOV 13 P 12:19

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

Magical Kingdom Vacation, 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 11/12/2014 and assigned
Florida document number L14000175854.

This amendment is submitted to amend the following:

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

Magical Enchanted Vacations, LLC

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)

1228 East 7th Ave

Suite #200

Tampa, FL 33605

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 1119

Keller, TX 76244

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:

John W Bullard

New Registered Office Address:

1228 East 7th Ave, Suite #200

Enter Florida street address

Tampa


, Florida 33605

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

updated

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	John W Bullard	PO Box 1119	<input type="checkbox"/> Add
		Keller, TX 76244	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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 2015 NOV 13 PM 12:19
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2015 NOV 13 PM 3:01
SECRETARY OF
TALLAHASSEE.

FILED
2015 NOV 3 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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)

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.


Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

Typed or printed name of signee