

L14000175854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

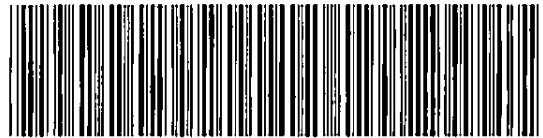
(Business Entity Name)

(Document Number)

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10/17/23--01033--008 **60.00

10/17/23 Filed 10/17/23

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MAGICAL ENCHANTED VACATIONS, 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 Bullard

Name of Person

MAGICAL ENCHANTED VACATIONS, LLC

Firm/Company

295 South Hiawassee Road, Suite 104

Address

Orlando, FL 32835

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 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RECEIVED
JUN 17 11:45 AM
2013

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

MAGICAL ENCHANTED VACATIONS, 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 Nov 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:

n/a - no name change

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)

295 South Hiawassee Road, Suite 104

Orlando, FL 32835

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

(not new)



New Registered Office Address:

295 South Hiawassee Road, Suite 104

Enter Florida street address

Orlando

City

Florida 32835

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 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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated October 10 2023

John Bullard

Signature of a member or authorized representative of a member

John Bullard

Typed or printed name of signee

Filing Fee: \$25.00