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(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration So Division of Cor					
SUBJECT: MGC BRA	NDING, LLC	nited Liability Company			
	Name of Life	иса даошту Сотрану			
	Amendment and fee(s) are sub indence concerning this matter	•			
	Hector Lizasuain				
		Name of Person	-	-	
	MGC BRANDING, LLC				
		Firm/Company		2024 SEC	
	1170 Celebration Blvd, su	ite 106		AUG ALL	C=
	· · · · · · · · · · · · · · · · · · ·	Address	 _	27 ARN	•
	Celebration, FL 34747			PH SSE SSE	ز ج
		City/State and Zip Code		- EST - ES	·
	nayara.longaray@magiccor			75	
For further information c	E-mail address: (oncerning this matter, please c	to be used for future annual report noti all:	fication)		
Hector Lizasuain		at (407) 4037414			
Name o	f Person		e Telephone Numbe	er	
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &	
Mailing Address		Street Address:	ation		
Registration S Division of C		Registration Sec Division of Cor			
P.O. Box 632		The Centre of T			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ny as it now appears on our record Jability Company)	<u>ls.</u>)
were filed on 06/02/2015	and assigned
ility company here:	
ity Company," the designation "LLC	"or the abbreviation "L.L.C."
	201
	TALLET
	TARY OF STATE
uddress on our records, <u>enter</u>	the name of the new registe
Enter Florida street addres	rs.
	orida Zip Code
	ity Company," the designation "LLC

New Registered Agent's Signature, if changing Registered Agent:

MCC DD ANDING THE

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
CEO	HECTOR LIZASUAIN	1170 CELEBRATION BLVD STE 106, CELEBRAT	<u>FI</u> F≣Add
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		SECRETARY OF STALLAHASSEE.	2021 Changee PM HAdd
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not a member of the o	company.						
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ctive date, if other th	an the date of fi	iling: 08/19/202	4	(nntional)		
effective date is listed, the	date must be specific	and cannot be price	or to date of filing o	r more than 90 days	after filing.) Pr		
e: If the date inserted in ament's effective date of				mig requirements	, this date wi	n not be	nstea
cord specifies a delayed	effective date, but	not an effective	time, at 12:01 a.	n. on the earlier o	f: (b) The 9	Oth day a	ifter th
filed.							
1 Annuel 10		- າ ຜ ານ					
ed August 19			 ·				
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Typed or printed name of signee