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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 16 2015

S MASON

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** A MAGICAL LEARNING CENTER 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:

JUAN JOSE ROMERO

Name of Person

A MAGICAL LEARNING CENTER LLC

Firm/Company

9701 SW 152ND ST

Address

MIAMI FL 33157

City/State and Zip Code

FLORIDAMERCHANTCER@YAHOO.ES

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

For further information concerning this matter, please call:

JUAN JOSE ROMERO at ( 305 ) 303-9697  
Name of Person 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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

**FILED**

**REGISTERED AGENT**

**2015 JUL 15 P 2:05**

**CLERK OF DISTRICT COURT**

**TALLAHASSEE, FLORIDA**

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	NAYDY CALDERIN	9701 SW 152ND ST	<input type="checkbox"/> Add
		MIAMI FL 33157	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JULIO C. CALDERIN	9701 SW 152ND ST	<input type="checkbox"/> Add
		MIAMI FL 33157	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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ALABAMA-SEC. LORIDA

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(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)

**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.

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.

Dated JULY 10TH, 2015

Signature of a member or authorized representative of a member

JUAN JOSE ROMERO

Typed or printed name of signee

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**Filing Fee: \$25.00**

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