L15000100666

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COVER LETTER

°TO:	Registration Se Division of Co	ection rporations			
CUDI	r <i>c</i> ·T.	A MAGICAL LEARNING	CENTER LLC		
SUBJI	ECT:	Name of Lin	nited Liability Company	 	
The en	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
		JUAN J	OSE ROMERO		
			Name of Person		
		A MAGICAL LEA	RNING CENTER LLC		
Firm/Company					
		9701 SW 152ND S	т		
			Address		
		MIAMI FL 33157			
			City/State and Zip Code		
		FLORIDAMERCHAN	-		
		E-mail address: (to be used for future annual report noti	fication)	
For fur	ther information o	concerning this matter, please co	all:		
JUAN	JOSE ROMERO		305 303-9697 at ()		
	Name o	f Person	Area Code Daytim	e Telephone Number	
Enclose	ed is a check for th	he following amount:			
= \$25	5.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A MAGICAL LEARNING CENTER LLC			
(Name of the Limited Liability Compar (A Florida Limited L	y as it now app lability Compan	ears on our records.) y)	
The Articles of Organization for this Limited Liability Company Florida document number L15000100666 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liabi			and assigned
A. It amending name, enter the new name of the minicu name	my company	<u>nere</u> .	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," th	e designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:		on our records, <u>ent</u>	er the name of the new
New Registered Office Address:	Putan	Florida street address	
	Enter 1		
	Cıty	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance rovided for i address, I he	of my duties, and I a n Chapter 605, F.S. (reby confirm that the	m familiar with and Or, if this document is limited liability
If Chan	ging Registered	Agent, Signature of New	%
			წ≾ വ പി

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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>	Name	Address	Type of Action
MGR	NAYDY CALDERIN	9701 SW 152ND ST	□ Add
		MIAMI FL 33157	■ Remove
			Change
MGR	JULIO C. CALDERIN	9701 SW 152ND ST	
		MIAMI FL 33157	■ Remove
			Change
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