L15000194a08

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, , ,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Rec. corr.
Rec. Corr. 1-14-2025





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2025 JAN IL PH I: L9
SECRETARY OF STATE
TALLAHASSEE, FL

TILED



December 6, 2024

SCOTT MAGER 2719 HOLLYWOOD BLVD HOLLYWOOD, FL 33020 US

SUBJECT: MAGER PARUAS, LLC Ref. Number: L15000194208

We have received your document for MAGER PARUAS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list in section D what services you will be providing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please 每时 (850) 245-6050.

Morgan E Lovett Regulatory Specialist II Letter Number: 824A00026472m 2



COVER LETTER

Division of Co	rporations			
Mager Part	ias, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Scott Mager			
		Name of Person		
	Mager Paruas, PLLC			
		Firm/Company		
	2719 Hollywood Blvd.			
		Address		
	Hollywood, FL 33020			
		City/State and Zip Code		
	Scott@mpjustice.com			
		to be used for future annual report notif	(0)	
For further information of	concerning this matter, please c	all:	TA TA	2025
Scott Mager		954 763-2800 at ()	LLA RET	¥ ~7
Name o	f Person	Area Code Daytime	Telephone Number	JAN IL PL
Enclosed is a check for the	he following amount:		OF S SEE,	2025 JAN 14 PM 1.10
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fec & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is enclosed))
		_		

Mailing Address:

Registration Section

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mager Paruas, 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 November 17, 2015 and assigned Florida document number L15000194208 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Mager Paruas, PLLC 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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.

New Registered Agent's Signature, if changing 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>	Name	Address	Type of Action
			
			□Remove
			Change
			□ Add
			□ Remove
			☐ Change
			□Remove
			TALUHASSE, FL
			□Remove
			□ Change
			□Add
			□Remove
			70

D. If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	Providing legal services, legal advice	
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(If an ef <u>Note:</u>	tive date, if other than the date of filing: [Coptional] [Fective 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 605.0 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records.)2897(3)(b) I as the
If the recor	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after filed.	the
Dated	November 4 2024	
	OU STATE OF THE ST	
	Signature of a member or authorized representative of a member	
	Scott Mager	
	Typed or printed name of signee	

Filing Fee: \$25.00