

L15000194208

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

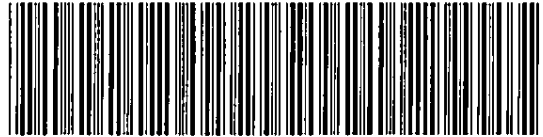
Special Instructions to Filing Officer:

Rec. Corr.

1-14-2025

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Office Use Only



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11/09/24--01017--030 **25.00

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SECRETARY OF STATE
TALLAHASSEE, FL

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

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 call (850) 245-6050.

Morgan E Lovett
Regulatory Specialist II

Letter Number: 824A00026472

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TALLAHASSEE, FL

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JAN 14 2025

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mager Paruas, 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:

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

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

For further information concerning this matter, please call:

Scott Mager

954
at (_____)_____
Area Code

763-2800

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

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TALLAHASSEE, FL

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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
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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

Providing legal services, legal advice

SECRETARY OF STATE
TALLAHASSEE, FL

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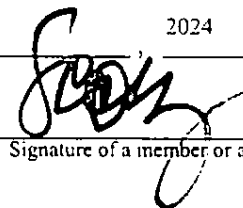
E. Effective date, if other than the date of filing: _____ (optional)

(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 605.026(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 November 4, 2024



Signature of a member or authorized representative of a member

Scott Mager

Typed or printed name of signee

Filing Fee: \$25.00