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COVER LETTER

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SUBJEC		IOMENT RE HOLDINGS, LL	С		
SUBJEC	1;	Name of Lin	nited Liability Company	·····	
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please ret	urn all correspo	ondence concerning this matter	to the following:		
		Keith C. Durkin			
			Name of Person		
		Baker & Hostetler LLP			
			Firn/Company		
		200 South Orange Avenue	c, Suite 200		
		Address			
		Orlando, Fl. 32801			
			City/State and Zip Code		
		carina@finishmycondo.com		1000 L	
			to be used for future annual report no	tilication)	
For furthe	r information o	oncerning this matter, please c	all:		
Keith C. I	Durkin		407 649-4005 a1 ()		
	Name o	f Person	Area Code Daytii	me Telephone Number	
Enclosed i	is a check for th	ne following amount:			
□ \$ 25.0	0 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)	
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þ	O. Box 632	7	The Centre of		
1	`allahassee, I	FL 32314	2415 N. Monro	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TOARTICLES OF ORGANIZATION OF

MAGIC MOMENT	RE HULLINUS,	LUC	
(20)	ma of the Limited	islatity Camo	and us it note or

(Sume of the Line	ited Liability Compa (A Florida Limited I	ny as it noty appuars on our records.) Lability Company)			
The Articles of Organization for this Limited I			und us	signed	
This amendment is submitted to unend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	ility company here:			
The new name must be distinguishable and contain the	words "Limited Linbi	lity Company," the designation "LEC" or the abb	nevistien "L	_L,C."	—
Enter new principal offices address, if appli	8367 Via Ross				
(Principal office address MUST BE A STRE)	Orlando, FL 32836			y with the and right is	
Enter new mailing address, if applicable:		8367 Via Rosa			
(Muiling addrass MAY BE A POST OFFICE	· ROXI	Orlando, F1, 32836			
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office : :ss here:	address on our records, enter the name	of the ne	202 6 JUL	ster
Name of New Registered Agent:	CARINA RAD	ONICE	<u> </u>	7	
New Registered Office Address:	8367 Via Rosa		- 	PH I	<u> </u>
	Orlando	Emer Florida street address Florida 328	36 %	: 59	
New Registered Agent's Signature, if changing	Dagictored Apart	City	ZIp Code		
I hereby accept the appointment as registers provisions of all statutes relative to the proposes the obligations of my position as registery being filed to merely reflect a change in the company has been notified in writing of this	ed agent and agre oer and complete istered agent as p registered office	performance of my duties, and I am fo provided for in Chapter 605, F.S. Or, i	imiliar wi If this doc	th and unient	'

If Changing Registered Agent, Signatur

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being addor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ARIEL D. TOMAT	17070 COLLINS AVENUE, SUITE 266B	□Add
		SUNNY ISLES BEACH, FL 33160	■Remove
			□ Change
			🗆 Add
			□Remove
			□Change
			🖸 Add
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			Change

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n effecti <u>ste:</u> [:	date, if other than the date of filing:
ecord s is filed	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
المديدة	<u> </u>
neg	
	Signature of a member of authorized representative and member
	Digishalic Of a stockhole of the stockhole of the stockhole of
	CARINA RADONICH

Filing Fee: \$25.00