

U5000197575

Florida Department of State
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MAGIC MOMENT RESORT & KIDS CLUB, LLC

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JUL 15 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAGIC MOMENT RESORT & KIDS CLUB, 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:

Keith C. Durkin

Name of Person

Baker & Hostetler LLP

Firm/Company

200 South Orange Avenue, Suite 200

Address

Orlando, FL 32801

City/State and Zip Code

carina@finishmycondo.com

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

For further information concerning this matter, please call:

Keith C. Durkin

407

649-4005

at ()

Name of Person

Area Code

Daytime Telephone Number

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☐ \$60.00 Filing Fee,
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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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAGIC MOMENT RESORT & KIDS CLUB, 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 30, 2015 and assigned Florida document number LI5000197575.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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:

8367 Via Rosa

(Principal office address MUST BE A STREET ADDRESS)

Orlando, FL 32836

Enter new mailing address, if applicable:

8367 Via Rosa

(Mailing address MAY BE A POST OFFICE BOX)

Orlando, FL 32836

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:

CARINA RADONICH

New Registered Office Address:

8367 Via Rosa

Enter Florida street address

Orlando

Florida

32836

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.

If Changing Registered Agent, Signature of New Registered Agent


AMBR = Authorized Member

[illegible]

[illegible]

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.

Dated June 12 2022



Signature of a member or authorized representative of a member

CARINA RADONICH

Typed or printed name of signer

Filing Fee: \$25.00