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## **COVER LETTER**

Division of Cor			
100	AGINATION Name of Lim	15.	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Deon G	arnel	
		Name of Person	
		Firm/Company	-
	10515 BOC	Address  Address  City/State and Zip Code	
		Address	
	<u>Orlando</u>	n 32836.	<del></del>
	LICAJU (LI	City/State and Zip Code Clowd - Com	
	E-mail address: (	to be used for future annual report notification)	<del></del>
For further information e	oncerning this matter, please ca	all:	
Dear	Gun	at ( 40) 4) 25(3)	
Name o	f Person	Area Code Daytime Telepho	one Number
Enclosed is a check for the	-		
☑ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ S55.00 Filing Fee & ☐ Certified Copy (additional copy is encksed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	s·	Street Address:	C (2)
Registration 5	Section	Registration Section	•
Division of C		Division of Corporation	
P.O. Box 632 Tallahassee, I		The Centre of Tallahas 2415 N. Monroe Stree	SSCC (2) t Suita 810
rananassee, i	FL 34314	Tallahassee, FL 32303	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAGINA	2MOIT	LLC.	
(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Lia Florida document number <u>しんので</u> 3 2 2	bility Company	were filed on <u>11-29-2016</u>	- and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
The new name must be distinguishable and contain the wo	order "Limited Linki	ity Company" the decignation "LLC" or the	phreviation "LTC"
Enter new principal offices address, if applica	ble:	2336 Grun Road Vissimme Fr 347	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	<u>30X)</u>	losis Boca Pointe Cirlado A 32836.	Dr
B. If amending the registered agent and/or reagent and/or the new registered office address		address on our records, enter the na	me of the new registered
Name of New Registered Agent:	Den	Garner.	
New Registered Office Address:		Enter Florida street address	
		, Florida	
		Ciņ	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

S

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 Title Name Address Type of Action 10515 130(A Pointe DR DAdd AN FLAMAND OKLANDO FL 32836 KRemove NICK FLAMAND 10515 BOW Pointe De DANG OK/ANDO FL 32836 GKensove 2336 GMAN Road Ochange KissiMMC Tr 34746. DAdd Jan Garner □Remove \_\_\_\_\_ ClChange \_ Change

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ective date, if other than the dat	e of filing:	(option	nal)	
n effective date is listed, the date must be tee: If the date inserted in this block	specific and cannot be prior to date or does not meet the applicable sta	of filing or more than 90 days after t tutory filing requirements, this	iling.) Pursuant t date will not b	to 605,020 c listed a
rument's effective date on the Depar	tment of State's records.	, C		
cord specifies a delayed effective da	te, but not an effective time, at 1	2:01 a.m. on the earlier of: (b)	The 90th day	after th
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ed <u>03- 31</u>	2024			
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