

Florida Department of State  
Division of Corporations  
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((H16000087411 3)))



H160000874113ABC

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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MAGNUSON EATS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

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Corporate Filing Menu

Help

**FAX COVER SHEET**

TO	
COMPANY	
FAXNUMBER	18506176383
FROM	Amanda Sando
DATE	4/7/2016 2:50:08 PM PDT
RE	((H16000087411 3)))MAGNUSON EATS, LLC - LZ#516524838

**COVER MESSAGE**

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MAGNUSON EATS, 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:

Cheyenne Mosley

*Name of Person*

Legalzoom.com, Inc.

*Firm/Company*

101 N. Brand Blvd. 11th Floor

*Address*

Glendale, CA 91203

*City/State and Zip Code*

yankeedoodle6122@gmail.com

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

For further information concerning this matter, please call:

Imelda Vasquez

323 962-8600 ext 7950

at ( )

*Name of Person*

*Area Code*

*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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAGNUSON EATS, 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 02/23/2016 and assigned Florida document number L16000037568.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

44 Larch Radial

(Principal office address MUST BE A STREET ADDRESS)

Ocala, Florida 34480

Enter new mailing address, if applicable:

44 Larch Radial

(Mailing address MAY BE A POST OFFICE BOX)

Ocala, Florida 34480

**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:

44 Larch Radial

*Enter Florida street address*

Ocala

City

Florida 34480

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

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**If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
AMBR	ADAM TENCZA	13 PINE PASS CT.	<input type="checkbox"/> Add
		Ocala, FL 34472	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

Article IV: Please update AMBR Erica Magnuson's address to 44 Larch Radial, Ocala,

FL 34480

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 25, 2016



Signature of a member or authorized representative of a member

Erica Magnuson

Typed or printed name of signee

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Filing Fee: \$25.00

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