

L16000040058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

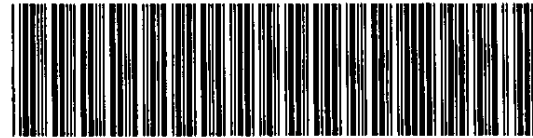
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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S Warren
FEB 07 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Magic Retreat, 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:

Cintia Panucci Zancellato
Name of Person

Firm/Company

3880 Bird Road, Apt. 402
Address

Miami, FL, 33146
City/State and Zip Code

cintiazancellato@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cintia Panucci Zancellato at (305) 606-2763
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Magic Retreat, 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 February 25, 2016 and assigned Florida document number L16000040058.

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:

(Principal office address MUST BE A STREET ADDRESS)

3880 Bird Road, Apt 402
Miami, FL, 33146
USA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3880 Bird Road, Apt. 402
Miami, FL, 33146
USA

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: _____

Enter Florida street address

_____, Florida _____
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

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FEB 25 2016
CLERK OF DISTRICT COURT
STATE OF FLORIDA
12:17

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>
Mrs.	Cintia Zanellato	3880 Bird Road, Apt 402	<input type="checkbox"/> Add
MGR		Miami, FL, 33146, US	<input type="checkbox"/> Remove
AMBR			<input checked="" type="checkbox"/> Change
Mr.	Rodrigo Bissoli	3880 Bird Road, Apt 402	<input checked="" type="checkbox"/> Add
MGR		Miami, FL, 33146, US	<input type="checkbox"/> Remove
AMBR			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 SECRETARY OF STATE
 TREASURY OF FLORIDA

[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 January 31, 2017.

Cintia Panucci Zamellato
Typed or printed name of signee

FILED
2017 SEP -5 PM 12:17
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA