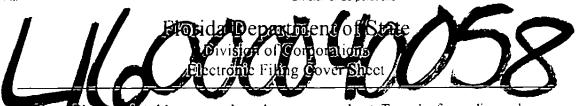
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Division of Corporations



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(((H240003931603)))



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Doing so will generate another cover sheet.	

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CLAUDIA LIMA TAX & ACCOUNTING LLC

Account Number : I20230000193

: (407)552-7903 Fax Number : (407)449-2348

**Ente	er the	email	address	for	this	busin	ess	entity	to	be	used	for	future
υ.	annual	repor	t mailin	gs.	Enter	only	one	email	add	res:	s ple	ase.	**

配 Email Address:

## ECORRECT OR M/MG RESIGN MAGIC RETREAT, LLC

Certificate of Status	0
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FAX <u>2 +14074492348</u> ① <u>12/3/2024 10:54:53 AM PAGE 1/001 Fax Server</u>



December 3, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MAGIC RETREAT, LLC 55 MERRICK WAY SUITE 510 CORAL GABLES, FL 33134US

SUBJECT: MAGIC RETREAT, LLC

REF: L16000040058

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L22000292618 "MAGIC VENTURE LLC".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II FAX Aud. #: H24000393160 Letter Number: 024A00026052

## **COVER LETTER**

	on of Corp	TREAT, LLC			
SUBJECT:	AGIC RE		ited Liability Company		
		Name of Emi	ned Elabinty Company		
The enclosed A	rticles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all	l correspor	adence concerning this matter	to the following:		
		CLAUDIA LIMA			
			Name of Person	_	
		CLAUDIA LIMA TAX &	ACCOUNTING LLC		
			Firm/Company	•	<del></del>
		9100 CONROY WINDER	MERE RD STE 200 OFF	ICE 241	
			Address		
		WINDERMERE, FL 3478	6		
			City/State and Zip Code		<del></del>
		INFO@CLAUDIALIMAT			
		E-mail address: (	to be used for future annual r	eport notification)	
For further info	rmation co	ncerning this matter, please c	all:		
CLAUDIA LIN	1A			7903	
	Name of	Person	at () Ar <b>c</b> a Code	Daytime Telepho	one Number
Enclosed is a ch	eck for the	e following amount:			
■ \$25.00 Filit	ng Fee	S30.(x) Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailin	g Address	i .	Street Ad	dress:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

£ 6.12.2024 15:26:33

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAGIC RETREAT, LLC	
(Name of the Limited Liability Company as it n (A Florida Limited Liability C	ow appears on our records.) ompany)
The Articles of Organization for this Limited Liability Company were fill Florida document number 1.16000040058	ed on <u>02/25/2016</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	npany here:
MAGIC WEALTH MANAGEMENT LLC	
The new name must be distinguishable and contain the words "Limited Liability Compa	any," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	. 22
Enter new mailing address, if applicable:	2924 C.C.
(Mailing address MAY BE A POST OFFICE BOX)	[5]
Printing Hamites Paris De Printing Of Tree Body	9
<del></del> -	
B. If amending the registered agent and/or registered office address	
agent and/or the new registered office address here:	្ច ភ្
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
City	Zin 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.

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ГАЛ	₹14074492346	<u>_</u>	 3/9	E 0.12.2024	10.21.03

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

A, HDIC	dinorized Archiber				
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			□ Add		
			□Remove		
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ffective date, if other than the an effective date is listed, the date motor: If the date inserted in this locument's effective date on the inserted in the security of the security date.	ist be specific an lock does not t	id cannot be pri meet the appl	or to date of fili icable statuto	ng or more than!	optional) O days after filing	g.) Pursuant to 605	0207 (3)( ed as the
record specifies a delayed effect I is filed.	ve date, but no	it an effective	time, at 12:0	l a.m. on the ea	orlier of: (b) T	he 90th day after	r the
NOVEMBER 26TH		2024					
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Filing Fee: \$25.00