

L16000074636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

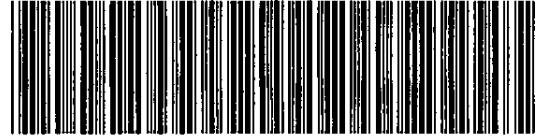
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/16/18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Magician's Forge, 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:

Lisa L White
Name of Person

The Magician's Forge, LLC.
Firm/Company

3494 Brooklyn Ave
Address

Port Charlotte, FL 33952
City/State and Zip Code

RCA074@shcglobal.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa White at (317) 919-3660
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

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STATE BUREAU OF CLERK
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

The Magician's Forge, 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 April 15, 2016 and assigned Florida document number L16000074636.

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)

The Magician's Forge, LLC.
12715 Tamiami Trl S, Ste D
North Port, FL 34287

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Lisa White
3494 Brooklyn Ave
Port Charlotte, FL 33952

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

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>
AMBR	Michael D. Baker	3494 Brooklyn Ave	<input type="checkbox"/> Add
		Port Charlotte, FL 33952	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Loretta L. Baker	3494 Brooklyn Ave	<input type="checkbox"/> Add
		Port Charlotte, FL 33952	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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TALLAHASSEE, FLORIDA

2018 APR 12 P 12 02
STONY BROOK, CT 06460
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated April 16, 2018

Lisa L White
Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

Lisa L White
Typed or printed name of signee

Typed or printed name of signee