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M. MILLIGAN EXAMINER

SEP - 6

COVER LETTER

TO:	Registration Sec Division of Corp			
CITO		rbal Magick, LLC		
SUBJ	BECT:	Name of Lim	ited Liability Company	
The e	Aevaille Herbal Magick, LLC Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. see return all correspondence concerning this matter to the following: John J. Spence Name of Person Pycraft Law, LLC Firm/Company 2825 Lewis Speedway #107 Address St. Augustine, FL 32084 City/State and Zip Code saturdayinthepark@hotmail.com E-mail address: (to be used for future annual report notification) further information concerning this matter, please call:			
Please	Name of Limited Liability Company the enclosed Articles of Amendment and fee(s) are submitted for filing. the enclosed Articles of Amendment and fee(s) are submitted for filing. John J. Spence Name of Person			
		Name of Limited Liability Company es of Amendment and fee(s) are submitted for filing. respondence concerning this matter to the following: John J. Spence Name of Person Pycraft Law, LLC Firm/Company 2825 Lewis Speedway #107 Address St. Augustine, FL 32084 City/State and Zip Code saturdayinthepark@hotmail.com E-mail address: (to be used for future annual report notification) ion concerning this matter, please call:		
			Name of Person	<u></u>
		Pycraft Law, LLC		
			Firm/Company	
		2825 Lewis Speedway #10	77	
			Address	
		St. Augustine, FL 32084		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notific	ation)
For fu	irther information co	ncerning this matter, please ca	all:	
John .	J. Spence		at () _	
	Name of	Person	Area Code Daytime	Telephone Number
Enclo	sed is a check for the	e following amount:		
≅ \$2	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

Aevallie Herbal Magick, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florid	a Dimited Diagney Company)	
The Articles of Organization for this Limited Liability (Company were filed on 5-26-2016	and assigned
Florida document number L16000105639	_•	The second second
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
Aevallie Magick, LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	<i>RESS</i>)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Floric	da
New Degistered Agent's Signature if changing Degisters	•	sip conc

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
OTT A S	NT.
Title	Name

<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			Change
			Remove
			Change
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200 11 2 10 12 12	this block does not	meet the applicable	te of filing or more that statutory filing requi	(optional) 190 days after filing rements, this date) ;) Pursuant to 60 will not be lis	05.0207 sted as
Effective date, if other the fan effective date is listed, the cannot set if the date inserted in document's effective date of the record specifies a defective date.	elayed effective		effective time,	at 12:01 a.m.	on the ear	lier of
Note: If the date inserted in document's effective date or ne record specifies a de	elayed effective		effective time,	at 12:01 a.m.	on the ear	lier of
Note: If the date inserted in document's effective date of the record specifies a different file. The 90th day after the solution of the solut	elayed effective	l .	effective time,	at 12:01 a.m.	on the ear	lier of
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Note: If the date inserted in document's effective date of the record specifies a different file. The 90th day after the solution of the solut	elayed effective ne record is filed	1.	5			lier of
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Note: If the date inserted in document's effective date of the record specifies a did not be a feet the sound of the sound	elayed effective ne record is filed	a member or authorized	I representative of a m		2018 SEP -6	Shear and the second

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