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Registration Section
Division of Corporations

TO:

	RAJO, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Thomas Pye		
		Name of Person	·
	Pye Law Firm		
		Firm/Company	
	3909 W Newberry Rd, Sui	te C	
		Address	·
	Gainesville, Florida 32607		
		City/State and Zip Code	
	my.moraviainc@gmail.com		
	E-mail address: (to be used for future annual report not	fication)
For further information of	concerning this matter, please co	all:	
Thomas Pye		352 381-9799 at ()	
Name o	f Person		e Telephone Number
Enclosed is a check for t	he 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 Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on on ted Liability Company)	ir resords.)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L16000157731</u>	any were filed on $\frac{8.23.2016}{1}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Magda Powers, LLC		
The new name must be distinguishable and contain the words "Limited I	iability Company," the designati	
Enter new principal offices address, if applicable:	NA	2020 7.3.1.
Principal office address MUST BE A STREET ADDRESS	<u> </u>	APR - IL
		mer 🏚 i
Enter new mailing address, if applicable:	NA	<u></u>
• • • • • • • • • • • • • • • • • • • •		22 0
Mauring undress MAT BE A FOST OFFICE BOX		
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered offagent and/or the new registered office address here:	ice address on our records	<u> </u>
Name of New Registered Agent: NA		
New Registered Office Address:	Enter Florida stre	ert address
		AT WINE 148
	CHACL I HA MAG SHE	. Florida

New Registered Agent's Signature, if changing Registered Agent:

Manda Cenia II C

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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
		NA	
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			☐ Change
			□Add
			□Remove
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ctive date, if other than the date effective date is listed, the date must be sp	of filing:	(option	ial)
: If the date inserted in this block de	oes not meet the applicable statu	tory filing requirements, this o	late will not be lis
ment's effective date on the Departr	nent of State's records.		
and ensaifies a delawed effective date	e, but not an effective time, at 12	01 a.m. on the earlier of: (b)	The 90th day aft
filed.	2020		
filed. March 25	, 2020		
filed.			
filed.	, 2020	esentative of a member	