## 116000197059

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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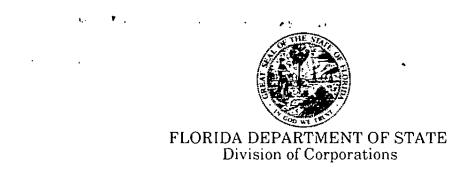


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August 18, 2017

DENY A. MARQUES 1519 NATURE TRL KISSIMMEE, FL 34746

SUBJECT: KISSIMMEE MAGIC FLOOR LLC

Ref. Number: L16000197059

We have received your document for KISSIMMEE MAGIC FLOOR LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$30.00.

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

Letter Number: 117A00017055

Deborah Bruce Regulatory Specialist III

## **COVER LETTER**

Divi	ision of Corp	porations			
SUBJECT:	KISSIMMM	IEE MAGIC FLOOR LLC		2017	
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Name of Lin	nited Liability Company	2017 AUG 18	
The enclosed	Articles of a	Amendment and fee(s) are sul-	omitted for filing.		
Please return	all correspor	ndence concerning this matter	to the following:		
SUBJECT:    Name of Person					
			Name of Person		
		<del></del>	FirmeCompany		
		1519 NATURE TRL			
			Address		
		KISSIMMEE - FLORIDA	34746		
			City/State and Zip Code		
		primeincometax@primeinc	ometax.net		
		E-mail address: (	to be used for future annual report notif	icalien}	
For further in	formation co	ncerning this matter, please ca	all:		
DENY A. MA	ARQUES				
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is a	check for the	e following amount:			
□ \$25.00 Fi	ling 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

TO:

Registration Section

P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

W17-128312

## ARTICLES OF AMENDMENT T() ARTICLES OF ORGANIZATION OF.

KISSIMMEE MAGIC	Literature	
	TECHNIK	ルルC

(Name of the L		
(Name of the Limited Liability Con (A Florida Limite The Articles of Organization)	pany as it now appears on our	
The Artistan are	ed Liability Company)	fords.)
Florida document number 116000197059	ny were filed on	
The Articles of Organization for this Lumited Liability Compar Florida document number 1.16000197059		and assigned
This amendment is submitted to amend the following:		
A M. Conowing:		
A. If amending name, enter the new name of the limited lial MEGA STAR PHOTO BOOTH LLC		
MEGA STAR PHOTO BOOTH LLC	bility company here:	
The new name must be distinguishable and contain the words "Limited Liabi Enter new principal offices address, if applicable:	<del></del>	
and contain the words "Limited Liabi	lity Community	
Enter new principal offices address, if applicable:	my company, the designation "LL	C" or the abbreviation "L 1 C"
(Principal office 1)		L.I.C.
(Principal office address MUST BE A STREET ADDRESS)		
Inton		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
THE A POST OFFICE BOX)		
If amending the registered agent and/or registered offic gistered agent and/or the new registered office address here:		:
gistered agent and/or the new registered office	ce address on our	77
gistered agent and/or the new registered office address here:	our records,	enter the name of the n
NT .		103
Name of New Registered Agent:		SC
		4 P
	Enter Florida street address	C) 60
	Enter Florida street address	
		<b>6</b>
Registered Agent's Signature, if changing Registered Agents	City Flori	da
Assessing Agent's Signature of the second se	z úi	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

H Changing Registered Agent, Signature of New Registered Agent

<u>Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action  □ Add
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			Change
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Filing Fee: \$25.00