

16000231955

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

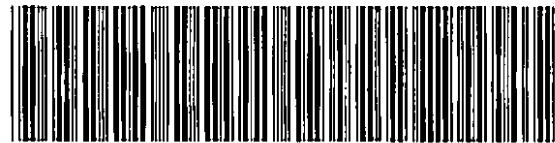
(Business Entity Name)

(Document Number)

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SUPREME COURT OF THE STATE  
OF ALABAMA, MONTGOMERY  
CLERK'S OFFICE

D. SCOTT  
JUL 17 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 5, 2017

DOLORES ELBAZ-PERGER  
3798 GLENFORD DR  
CLERMONT, FL 34711

SUBJECT: DOLORES ELBAZ-DRAGIC LLC  
Ref. Number: L16000231955

*DONE*

RECEIVED  
2017 JUL 14 PM 9:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for DOLORES ELBAZ-DRAGIC LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please include LLC suffix at the end of the name section A of application.

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.

Dionne M Pijeaux  
Regulatory Specialist

Letter Number: 217A00013574

RECEIVED  
2017 JUL 14 AM 11:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

17 JUL 14 PM 9:09  
RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

SUBJECT: DOLORES ELBAZ MAGIC LLC  
Name of Limited Liability Company

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:

DOLORES ELBAZ-PERGER  
Name of Person

Name of Person

## Firm/Company

3798 GLENFORD DR

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**Address**

Clermont, Fr. 34711

City/State and Zip Code

City/State and Zip Code  
*dollyebz@gmail.com*  
E-mail address (to be used for future annual report notification)

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

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

FILED  
JUL 14 2009  
CLERK, U.S. DISTRICT COURT  
CLARK COUNTY, NEVADA

FILE

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

DOLORES ELBAZ-DRAGIC, 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 12-27-2016 and assigned Florida document number L16000231955.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

DOLORES ELBAZ-PERGER, LLC.

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) \_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address MAY BE A POST OFFICE BOX) \_\_\_\_\_

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: \_\_\_\_\_

DOLORES ELBAZ-PERGER \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

3998 GLENFORD DR. \_\_\_\_\_

Enter Florida street address

CLERMONT \_\_\_\_\_, Florida 34711 \_\_\_\_\_

City

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**

Page 2 of 3

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: 6-21-17 (optional)  
(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)  
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the  
document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated 6-21, 2017

6-21, 2017

Signature of a member or authorized representative of a member

Typed or printed name of signer

17 JUL 14 AM 8:09  
FILED  
~~SEARCHED INDEXED SERIALIZED FILED  
TALLAHASSEE, FLORIDA~~