1.17000009412

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
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COVER LETTER

| Div | rision of Cor | porations | | |
|---------------------------------------|---------------|---|---|--|
| SUBJECT: | MAGIC G | UTTERS, LLC | | |
| SOBJECT | | Name of Lin | ited Liability Company | , , |
| The enclosed | I Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return | all correspo | ondence concerning this matter | to the following: | |
| | | LEONARDO FIGUEIRE | 00 | |
| | | | Name of Person | |
| | | SOLUTION ADVISING I | LLC | |
| | | | Firm/Company | |
| | | 5728 MAJOR BLVD SUI | TE 609 | |
| | | · · · | Address | - |
| | | ORLANDO, FL 32819 | | |
| | | | City/State and Zip Code | |
| | | INFO@SOLUTIONADVI: | SING.COM to be used for future annual report | potitication) |
| For further in | iformation e | oncerning this matter, please c | · | |
| LEONARDO FIGUEIREDO | | | 407 318-005 | |
| Name of Person | | Area Code Da | ytime Telephone Number | |
| Enclosed is a | check for th | ne following amount: | | |
| ≡ \$25,00 F | iling 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 | | | STREET/CO Registration So | GRIER ADDRESS: ection |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| MAGIC GUTTERS, LLC | | |
|--|--|------------------------------|
| (<u>Name of the Limited Liability Cor</u> (A Florida Limit | npany as it now appears on our records. ed Liability Company) |) |
| The Articles of Organization for this Limited Liability Comparison document number $\frac{1.17000009412}{1.17000009412}$. | any were filed on 01/11/2017 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited li | lability company here: | |
| MGM ALUMINIUM LLC | | |
| The new name must be distinguishable and contain the words "Limited Li | ability 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 | | |
| registered agent and/or the new registered office address h | <u>iere</u> : | |
| Name of New Registered Agent: | | <u> </u> |
| N | | |
| New Registered Office Address: | Enter Florida street address | |
| | The second secon | |
| | , Flor | ida |
| | ϵ \dot{w} . | 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, <u>enter the title, name, and address of each person_being adde or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|---------|----------------|
| | | | □ Add |
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| ffective an effective ote: If t | date, if other we date is listed, he date inserte | r than the a | date of fi | iling: and cannot not usect th | t be prior to e applicab | date of fili | ng or n | nore than 90 | (optional days after sents, this | onal) filing.) Pe s date wi | ursuant to 60 11 not be lis | 05.020 sted : |
| | 's effective dat | | | | | | | S 4 | | | | |
| rocor | d specifies a oth day afte | | | | but not | an effec | tive t | ime, at | 12:01 ā | ı.m. on | the earl | lier (|
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| The 90 | 8/16/2019 | | | | | | | | | | | |
| The 90 | 8/16/2019 | Signed by: | | · | | - · | | | | | | |
| The 90 | Docus | | | of a mamba | or authori | and numerous | ontativo | of a numb | | | | |
| The 90 | Docus CB666 | | Signature o | of a member | r or authori | zed represo | entative | of a memb | er | | | |

DocuSign Envelope ID: 90E310BA-CAA0-418D-AA68-F8E1FA45BED4

D. 31 amenong any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

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