217000098711

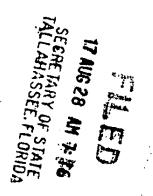
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700302875397

08/28/17--01034--008 **30.00



AUG 29 2017 J SHIVERS

COVER LETTER

	Registration Se Division of Cor						
SUBJEC		GIC TECHNOLOGIES, LLC					
SUBJEC	·#:	Name of Limited Liability Company					
The enclo	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please ret	turn all correspo	ndence concerning this matter	to the following:				
		NICOLAS J. FRY					
		 	Name of Person				
		AUTOMAGIC TECHNOL	LOGIES, LLC				
			Firm/Company				
Address							
		Sunrise, Fl 33323					
		City/State and Zip Code					
		nicolascoding@gmail.com					
		E-mail address: (to be used for future annual report noting	fication)			
For furth	er information c	oncerning this matter, please ca	ail:				
Nicolas I	Fry		954 8818210 at ()				
	Name o	f Person	Area Code Daytim	e Telephone Number			
Enclosed	is a check for th	ne following amount:					
\$25.0	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

AUTOMAGIC TECHNOLOGIES,				
(Name of the Limit	ed Liability Comps (A Florida Limited)	inv as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited L Florida document number L17000098711	iability Company	were filed on <u>05/03/2017</u>	and assigned	
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here:		
	· · · · · · · · · · · · · · · · · · ·		V-54-7-5-11	
The new name must be distinguishable and contain the v	ords "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applic	able:	12717 WEST SUNRISE BLVD		
(Principal office address MUST BE A STREE	T ADDRESS)	#198		
		SUNRISE, FL 33323		
Enter new mailing address, if applicable:		12717 WEST SUNRISE BLVD		
(Mailing address MAY BE A POST OFFICE BOX)		#198		
		SUNRISE, FL 33323		
B. If amending the registered agent and registered agent and/or the new registered of			r the name of the new	
Name of New Registered Agent:	JAMES FRY		<u> </u>	
New Registered Office Address:	12717 WEST S	SUNRISE BLVD #198	SS	
		Enter Florida street address	Mo	
	SUNRISE	, Florida 3	33323	
		City	To Code	

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.

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

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

<u>Title</u>	Name	Address	Type of Action
AMBR	SMITH, PHILLIP M	6030 SW 12 PL	
		#4	■ Remove
		GAINESVILLE, FL 32607	☐ Change
			Add
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	□ Remove
			Change
			□ Remove
		****	☐ Change
			□ Remove
			☐ Change
			□ Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change

-	
-	
•	,,,,,,,, .
-	
-	
-	
_	
-	
-	5.
-	
-	
-	
_	
	<u> </u>
**	
-	
Effect	ive date, if other than the date of filing: (optional)
(If an eff	ective 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). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
docum	ent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	05/24/1/, 11:00 gm.
	Nicolan M. Can
	Signature of a member or authorized representative of a member
	NICOLAS J FRY
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00