

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170002687553)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : ALLEY MAASS ET AL (SJE)

Account Number : I19990000280 : (561)659-1770

Fax Number : (561)833-2261

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

MAGIC D LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$55.00

D. SCOTT

Electronic Filing Menu

Corporate Filing Menu

Help

OCT 1 3 201

STATEMENT OF CORRECTION FOR FLORIDA LIMITED LIABILITY COMPANY

. Pursuant to section 605, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST:	: The name of the limited lie	The name of the limited liability company is:		
	MAGIC D	LLC		
SECON		on contains one incorrect statement is		
Article	VII is incorrect as to the manager	and is corrected to read as fol	lows:	
	nited liability company shall be a es of the initial managers are:	manager-managed company	and the names and	
•	Salvatore DiCarlo 3 Bluff Point Rd Northport, NY 11768	Manager		
;	Elaina DeLew 87 Wagstaff Lane West Islip, NY 11795	Manager		
Datėd:	October 12, 2017	+	1AL 20	
	Signature of a member or author	· .	ZZIN OCI	
	Stuart J. Haft. Esq. Typed or printed name of	Authorized Representative signee	IZ AII: 03	

H17000268755 3