18000090152

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JAN 1 5 2019 I ALBRITTON

## COVER LETTER

#### TO: **Registration Section Division of Corporations**

MAID MAGIC, LLC Name of Limited Liability Company SUBJECT:

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JUSTIN SHORT MAND MAGIC, LLC Firm/Company 15330 BALLAST POINT DR # 22.0/ Address FORT MYERS, FL 33908 City/State and Zip Code SERVICE@CALUSACUEANING.CO:M E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUSTIN SHORT at (239) 549-2777 Area Code Daytime Telephone Number

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

ARTICLES OF A TO ARTICLES OF OF OF	in the
( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	SiC, LLC as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w Florida document number <u>478000090152</u> .	ere filed on $\frac{4/10/2018}{2018}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabili</u> <u>MAD MAGIC HOLDINGS, L</u> The new name must be distinguishable and contain the words "Limited Liability	
The new name must be distinguishable and contain the words "Limited Liability Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Company, the designation "LLC" or the abbreviation "LLC."
Enter new mailing address, if applicable: ( <u>Mailing address MAY_BE A POST OFFICE BOX)</u>	
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	re address on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	
New Registered Office Address:	Fortue Classification of a life on

Enter Florida street address

Zip Code

\_ Florida \_\_\_

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. Thereby confirm that the limited liability company has been notified in writing of this change.

City

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 added</u> or removed from our records:

# MGR = Manager

. .

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AMBR = A	Authorized	Member
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<u>Title</u>	Name	Address	Type of Action
			D Add
			Remove
			Change
		- <u>-</u>	🖸 Add
			Remove
			Change
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			Remove
			Change

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

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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 \_12/30 2018 Signature of a member or authorized representative of a member NGSIN SHORT Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00