LIECCO 105331

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MAR 2 8 2019 S. YOUNG 9 MAR 18 FN 6: 20

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Ma	agic Blan Name of Lim	LLC ited Liability Company	
	Amendment and fee(s) are sub	-	
	Charle	S Name of Person	
	Magic	Name of Person Bean, LLC Firm/Company	 _
	10750	Paris Street	
	,	City/State and Zip Code (NINEY @ Kotmail to be used for litture annual report notif	
For further information c	oncerning this matter, please ca	all:	
<u>Charles</u>	DVINEY :	at (<u>957</u>) 999 Area Code Daytime	· 2866 : Telephone Number
Enclosed is a check for th			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec, 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

Magic Bean, U	C	
Name of the Lamited Liability Con	npany as it now appears on our ed Liability Company)	records.)
The Articles of Organization for this Limited Liability Compa Florida document number <u>(18000105331</u> .	ny were filed on	26, 2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Li-	ability Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		11 第 四
		81
Enter new mailing address, if applicable:		P 5
(Mailing address MAY BE A POST OFFICE BOX)	- 	<u></u>
Maurica Part DE 11 FOST VITTE BOXY		20
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		ecords, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	P	
	Enter Florida street	adaress
	775	, Florida
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			☐ Remove
			☐ Change
			☐ Remove
			☐ Change
			☐ Remove
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			☐ Remove
			☐ Change

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	v rav reflect.
_	
	Charles Diviney - 50 16
_	Charles Diviney - 50 % Mariano Stypenengo - 25 % Claudia Ellnen - 25 %
	Claudia Ellmen - 25%
_	
(If an effecti Note: If	date, if other than the date of filing:
	of specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated	March 15 2019
.>cu	March 15 . 2019. Charles De Signature of a member or authorized representative of a member
	(Marly) M
	Signature of a member or authorized representative of a member

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

Page 3 of 3

Filing Fee: \$25.00