

L18000 117225

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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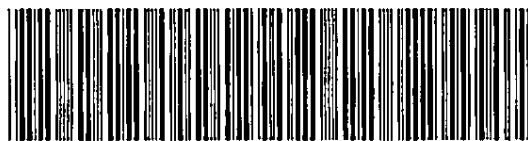
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **MAGNAGO SERVICES & INVESTMENTS, LLC**

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Fabricio Magnago

Name of Person

MAGNAGO SERVICES & INVESTMENTS, LLC

Firm / Company

1740 SE Port St Lucie Blvd

Address

Port St. Lucie, FL 34952

City/State and Zip Code

magnagoinvestmentsservices@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fabricio Magnago

Name of Person

at (772) 460-1000

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

MAGNAGO SERVICES & INVESTMENTS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/10/2018 and assigned
Florida document number L18000117225

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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 **MAYBE A POST OFFICE BOX**)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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>	<u>Address</u>	<u>Type of Action</u>
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MGRM	FABRICIO MAGNAGO	1740 SE Port St Lucie Blvd	<input type="checkbox"/> Add
		Port St. Lucie, FL 34952	<input type="checkbox"/> Remove
		Membership Interests = 30%	<input checked="" type="checkbox"/> Change

MGRM	CLEONICE D. MAGNAGO	1740 SE Port St Lucie Blvd	<input type="checkbox"/> Add
		Port St. Lucie, FL 34952	<input type="checkbox"/> Remove
		Membership Interests = 30%	<input checked="" type="checkbox"/> Change

MGRM	LEONARDO MAGNAGO	1740 SE Port St Lucie Blvd	<input type="checkbox"/> Add
		Port St. Lucie, FL 34952	<input type="checkbox"/> Remove
		Membership Interests = 20%	<input checked="" type="checkbox"/> Change

MGRM	FABRICIO MAGNAGO FILHO	1740 SE Port St Lucie Blvd	<input checked="" type="checkbox"/> Add
		Port St. Lucie, FL 34952	<input type="checkbox"/> Remove
		Membership Interests = 20%	<input type="checkbox"/> Change

			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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CLERK OF DISTRICT COURT
U.S. DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

ts, if necessary)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated October 31 2018

FABRIZIO MAGNAGO

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