## L18000163656

Office Use Only



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DEC 7 2022 S. PRATHE:

## **COVER LETTER**

	ion Section of Corporations
F&E SUBJECT: .	ENTERPRISE GROUP LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Artic	eles of Amendment and fee(s) are submitted for filing.
Please return all co	prespondence concerning this matter to the following:
	ANE C BERTOL
	Ane C Bertol
	Firm/Company 1362 LEXINGTON AVE
	Address
	DAVENPORT FL 33837
	City/State and Zip Code BROKERMWR@GMAIL.COM
	E-mail address: (to be used for future annual report notification)
For further inform	ation concerning this matter, please call:
ANE C BERTOL	407 5775607 / 8611797 at ( )
1	Name of Person Area Code Daytime Telephone Number
Enclosed is a chec	k for the following amount:
■ \$25.00 Filing	Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Divisior P.O. Bo	tion Section Registration Section of Corporations Division of Corporations

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

F&B ENTERPRISE GROUP LLC

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

MESER-8 M

The Articles of Organization for this Limited L Florida document number <u>L18000163656</u>	iability Company	were filed on $\frac{0}{2}$	07/06/2018	ind assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	of the limited liab	ility company l	here:	
MAGIC WORLD 4U LLC				
The new name must be distinguishable and contain the	vords "Limited Liabil	lity Company," the	designation "LLC" or the abbrevia	uion "L.L.C."
Enter new principal offices address, if application	cable:			
(Principal office address MUST BE A STREI	ET ADDRESS)	1101 Miranda	Ln, Kissimmee, FL 34741	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and/or	registered office a	34741	records, enter the name of	
agent and/or the new registered office addre	ss here:			
Name of New Registered Agent:	ANE C BERTO	DL.		·
New Registered Office Address:	1362 LEXING	TON AVE		
		Enter Fla	orida street address	<del></del>
	DAVENPORT		, Florida <u>33837</u>	
	-	City		n 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.

f Changing Registered Agent, <u>Signature of New Registered Agent</u>

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
MGR	GERARDO L FONTES		□Add
		1362 LEXINGTON AVE DAVENPORT FL 33637	<b>Remove</b>
			□Change
			🗆 🗆 Add
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