6/27/2019

Division of Corporations

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.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DOMINIUM CONSULTING SERVICES, LLC

Account Number : I20180000103 : (407)374-2329 Phone

: (407)412-5926 Fax Number

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

Email	Address:	 	 	

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MAGIC VILLAGE RESORT 2 UNIT 17-24 LLC

	PARTY AND ASSESSMENT AND ADDRESS OF THE PARTY
Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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## **COVER LETTER**

TO: Registration Division of C			
	VILLAGE RESORT 2 UNIT 17-	24 LLC	
SUBJECT:	Name of Limi	ted Liability Company	
	of Amendment and fee(s) are subsepondence concerning this matter		
	CLEITON CARDOSO		
		Name of Person	
	DOMINIUM CONSULTII	NG SERVICES, LLC	
		Firm/Company	
	6965 PIAZZA GRANDE	AVE UNIT 206	
		Address	<del> </del>
	ORLANDO, FL, 32835		
		City/State and Zip Code	
	CLEITON@DOMINIUMC	to be used for future annual report not	ification)
For further informatio	n concerning this matter, please ca		
CAMILA HORST		407 374-2329	
Nair	ne of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	or 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 Tallahassce, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Page: 3 06/28/2019 12:35 PM TO:18506176383 FROM:3213199949

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAGIC VILLAGE RESORT 2 UNIT 17-24 LLC	c		
(Name of the Limited Liability Co (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)		
The Articles of Organization for this Limited Liability Com	pany were filed on 12/06/2018	and assigned	
Florida document number L18000280238			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	Hiability 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 ADDRES	<u> </u>		
Enter new mailing address, if applicable:		2019	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or register	ed office address on our records, ente	r the name of the new	
registered agent and/or the new registered office address	s here:		
Name of New Registered Agent:		<u> </u>	
New Registered Office Address:			
	Enter Florida street address		
	, 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

Page: 4 06/28/2019 12:35 PM TO:18506176383 FROM:3213199949

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>	Name	Address	Type of Action
MGR	Miliana Menegazzo	848 Bricketl Ave. Stc. 203,	Add
<del>-</del>		Miami, FL, 33131	☐ Remove
			Change
			□ Remove
			Change
			Add J
			□ Remove
			Change:
			Add : [5
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			□ Add
			□ Remove
			☐ Change

;e: 5	06/28/2019 12:35 PM TO:18506176383 FROM:3213199949	,	
D. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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		<del>:</del>	- <u>-</u>
_			128 128
	e date, if other than the date of filing: (optional)		5:
(If an effective Note: I	etive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Purs f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not's effective date on the Department of State's records.	uant to 60 not be lis	5.0707 (3)() ted as the
If the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on t 90th day after the record is filed.	he earl	ier of:
Dated _	UNE 27TH 2019		
i /aicd _			
	Signature of a member or authorized representative of a member	<del></del>	
	U .		

Page 3 of 3

Filing Fee: \$25.00