

L190000021177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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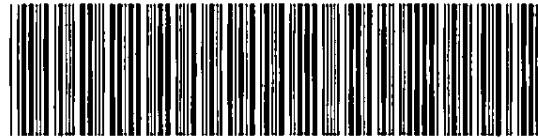
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAGELLAN ENTERPRISE 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:

MARK DEE
Name of Person

MAGELLAN ENTERPRISE LLC
Firm/Company

1900 S. HARBOR CITY BLVD BOX 48
Address
SUITE 300

MELBOURNE FL 32901
City/State and Zip Code

MARK.DEE@MAGELLANGSA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARK DEE at (415) 722-6367
Name of Person 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 AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MABELLAN ENTERPRISE 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 22 JAN 2019 and assigned Florida document number L19000021177

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 MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	STACEY M. DEE	300 ALLAN LANE	<input type="checkbox"/> Add
		MELBOURNE BEACH	<input type="checkbox"/> Remove
		FL 32951	<input checked="" type="checkbox"/> Change
AMBR	MARK ANTHONY K. DEE	300 ALLAN LANE	<input type="checkbox"/> Add
		MELBOURNE BEACH	<input type="checkbox"/> Remove
		FL 32951	<input checked="" type="checkbox"/> Change
AMBR	MICHAEL ANTHONY S. DEE	820 MESITA PL.	<input checked="" type="checkbox"/> Add
		FULLERTON	<input type="checkbox"/> Remove
		CA 92835	<input type="checkbox"/> Change
AMBR	JULIA ANN REGALA	601 N. AMPHLET BLVD	<input type="checkbox"/> Add
		UNIT 1, SAN MATEO	<input checked="" type="checkbox"/> Remove
		CA 94401	<input type="checkbox"/> Change
AMBR	PHILLIP C. WEAVER	322 VIEW POINT CT	<input type="checkbox"/> Add
		PACIFICA CA 94044	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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ALL INFORMATION

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TALLAHASSEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **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 JULY 30, 2019

Signature of a member or authorized representative of a member

MARK ANTHONY K. DEE

Typed or printed name of signee