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(Requ	estor's Name)	1
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(City/S	State/Zip/Phon	e #)
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COVER LETTER

TO: Registration Division of C	Section orporations			
SUBJECT:	LOS MAGZ			
	Name of L	mited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are su	abmitted for filing.		
Please return all corresp	oundence concerning this matte	er to the following:		
	FABRIC	10 MENOCHEO		
		Name of Person		
	Las MA	16Z		
		Firm/Company		
	105 Gol	den Lake Loop		
		Address		
	St. Augu	City/State and Zip Code Agz @ Yahoo. Com (to be used for future annual report no	84	
	fabricion	agz@yahoo.com		· · · · · · · · · · · · · · · · · · ·
	E-mail address:	(to be used for future annual report no	tification)) 2
For further information (concerning this matter, please o	call:		72 P. W. S. T. S.
FABRICIO	MENOCHEO	at (<u>714</u>) 204	6318	
Name (of Person		me Telephone Number	ENTE SE
Enclosed is a check for t	he following amount:			
™ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Gertificate of Status	S55.00 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 Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOS MAGZ, LLC	1/2
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	1/2
The Articles of Organization for this Limited Liability Company were filed on March 4 2019 and assigned	·d
Florida document number 19000061820	
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)	
	 -
3. If amending the registered agent and/or registered office address on our records, enter the name of the new registered affice address.	, ,
gent and/or the new registered office address here:	istered
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>	Address	Type of Action
MGR	Maria Maron	105 Golden Lake Loop	
		St. Augustine FL.	□Remove
		32084	□ Change
		□Remove	
			□Change
		□Add	
		□Remove	
			□Add
			□ Remove
			□Change
		□Add	
			□Remove
			□Change
		□Add	
			□Remove
			□Change

Page 2 of 3

ai	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note:	tive date, if other than the date of filing:
he re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed. A
Dated	April 21st . 2020
	Signature of a member or authorized representative of a member