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COVER LETTER

Division of Corporations
SUBJECT: Hagi Cal Mike's Loofing, LCC 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:
Manuel Grabon Name of Person
Magical Mikes rating, LLC Firm/Company
4231 hidrand park or 9
ACKSONVILLE HOVIDA 32224 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael Grahay at (737) 8505-5752 Name of Person at (737) Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee SCertificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee SCErtificate of Status Status Scentified Copy (additional copy is enclosed)

Mailing Address:

Registration Section

TO:

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

(Name of the Limited Liability Comp	Liability Company)
(A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company	y were filed on and assigned
Florida document number	~ M
This amendment is submitted to amend the following:	呈し
A. If amending name, enter the new name of the limited lial	bility company here:
	Til.
The new years was bediened to be a	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	BD & C properties, Lic
(Principal office address MUST BE A STREET ADDRESS)	4231 1/2010 mx 1 E
	JOKSTVILLE ENLIGHT 3007
Enter new mailing address, if applicable:	4231 Richard Park Dr. E
(Mailing address MAY BE A POST OFFICE BOX)	Jacksonik Haida 32001
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	S_Sers
New Registered Office Address:	Jan Bablo Rd 3 # 404
Non Ponistanul Anna Sina a si a sa s	Enter Florida street address 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
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