

L19000235284

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

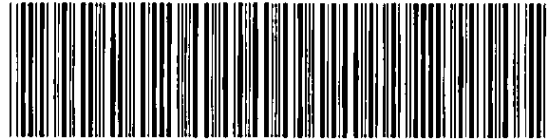
(Document Number)

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1. 25/11 - 11.11.1994 - 1.11.1994

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MoT Miami Magic 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:

Kamilah Chajin

Name of Person

MoT Miami Magic LLC

Firm/Company

798 Crandon Blvd. apt 31

Address

798 Crandon Blvd. apt 31 Miami, FL 33149

City/State and Zip Code

kc@mindsoftomorrowmiami.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kamilah Chajin

954

812-3110

at (_____) _____

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 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**

MoT Miami Magic 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 September 17, 2019 and assigned Florida document number L19000235284.

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:

798 Crandon Blvd. Apt 31

(Principal office address MUST BE A STREET ADDRESS)

Key Biscayne FL 33149

Enter new mailing address, if applicable:

798 Crandon Blvd. apt 31

(Mailing address MAY BE A POST OFFICE BOX)

Key Biscayne FL 33149

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:

Kamilah Chajin

New Registered Office Address:

798 Crandon Blvd, apt 31

Enter Florida street address

Miami

City

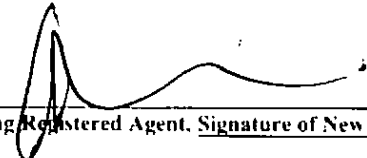
Florida

33149

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>
MNGR	Minds of Tomorrow LLC	2841 NE 55th St.	<input type="checkbox"/> Add
		Fort Lauderdale FL 33308	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MNGR	Chocolats Productions Inc	798 Crandon Blvd. Apt 31	<input checked="" type="checkbox"/> Add
		Key Biscayne FL 33149	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MNGR	Kam Concepts LLC	6840 NW 31st Ave.	<input checked="" type="checkbox"/> Add
		Fort Lauderdale, FL 33309	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Typed or printed name of signee

Filing Fee: \$25.00