19000258950

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(City/State/Zip/Phone #)	_
(Business Entity Name)	
(Document Number)	_
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	COVER LETTER						
TO:	Registration Se Division of Cor)	\$		
~	MAGS Ma	nufacturing, LLC					
SUBJ	EC.1:	Name of Lin	nited Liability Compan	<u>.</u>			
The er	iclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please	return all correspo	ndence concerning this matter	to the following:				
		Pamela Huggins					
			Name of Perso	<u> </u>	e		
		MAGS Manufacturing, LI	C				
			Firm/Company		<u> </u>		
		P. O. Box 251244					
			Address				
		Holly Hill, FL 32125					
			City/State and Zip (L'inde	···		
		pamhuggins819@gmail.co	, .			- 20	
		E-mail address: (to be used for future a	nnual report notific	ration)	2021 OCT	. 19
For fu	rther information co	oncerning this matter, please c	all:				- 7 - 1 - 10
Pame	la Huggins		386	233-9128		СП	
	Name o	f Person	at (Area Code	Daytime	Telephone Number		
Enclos	sed is a check for th	ne following amount:				, ω	
₽ \$3	25,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Certified Cop radditional copy	ру	Certified C	of Status &	
	<u>Mailing Addres</u> Registration 9 Division of C P.O. Box 632 Tallahassee, 1	section orporations 7	Reg Div The 241	eet Address: gistration Sect vision of Corp e Centre of Ta 15 N, Monroe Ilahassee, FL 3	orations Ilahassee Street, Suite 810	0	

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAGS Manufacturing, LLC				
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Jability Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000258950</u> .	were filed on <u>10/15/2019</u> and assigne	:d		
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company." the designation "LLC" or the abbreviation "L.L.C.			
Enter new principal offices address, if applicable: 918 Carswell Avenue				
(Principal office address MUST BE A STREET ADDRESS)	Holly Hill, FL 32117			
	<u></u>			
Enter new mailing address, if applicable:	P. O. Box 251244			
(Mailing address MAY BE A POST OFFICE BOX)	Holly Hill, FL 32125			
		<u> </u>		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>enter the name of the new re</u>	gistere		
Name of New Registered Agent:	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	ہ • ۱		
New Registered Office Address:	Enter Florida street address	•		
	Emer Florida Mreel duaress	العد العبار		

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. Thereby confirm that the limited liability company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

Vip Code

Florida

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If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

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Title	Name	Address	Type of Action
MGR	Amanda Barlow	319 Quaker Ridge Drive	
		Daytona Beach, FL 32119	■Remove
			□Change
MGR	Gary Patterson	918 Carswell Avenue	🗐 Add
		Holly Hill, FL 32117	
			□Change
AR	Sherri Patterson	918 Carswell Avenue	Add
		Holly Hill, FL 32117	TO LL
AR	Pamela Huggins	918 Carswell Avenue	
		Holly Hill, FL 32117	⊡Remove
AR	Amanda Barlow	918 Carswell Avenue	■Add
		Holly Hill, FL 32117	🗋 Remove
			🗆 Change
AR	Matthew Patterson	918 Carswell Avenue	■ Add
		Holly Hill, FL 32117	□Remove

_____ 🖸 Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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	C)

E. Effective date, if other than the date of filing: ________(optional) (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.

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.

October 21 Dated	2021	
Janela	- Huggins	
	Signature of a nember of suthorized representative of a member	
Pamela Huggins		
	Typed or printed name of signee	

Filing Fee: \$25.00