

L19000 281594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA



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**Registration Section  
Division of Corporations**

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**

SPOOKY MAGIC LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 11/12/2019 and assigned  
Florida document number L19000281594.

As an amendment is submitted to amend the following:

**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 "LLC."

**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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JANICE L. HARRIS  
CLERK OF COURT  
JANICE L. HARRIS

**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

Recommending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MR = Manager  
IBR = Authorized Member

<u>Role</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MR	RAEANNE TURNER	6057 8TH AVE N	<input checked="" type="checkbox"/> Add
		ST PETERSBURG, FL	<input type="checkbox"/> Remove
		33710	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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indicating any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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.

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 document is filed.

Effective date: DECEMBER 5TH 2019

Signature of a member or authorized representative of a member

ZACHARY J TURNER

Typed or printed name of signee

Filing Fee: \$25.00