120000125387

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COVER LETTER

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TO:

Registration Section

Division of Corporations

eup nezer. Magic	City 277 Holdings LLC		
SUBJECT: Magic		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Sanford J. Aaron		
		Name of Person	
	JOELSON ROSENE	BERG, PLC	
		Firm/Company .	
	30665 Northwestern	Hwy., Ste 200	
		Address	
	Farmington Hills, MI	48334	
		City/State and Zip Code	<u></u>
	saaron@jrlawplc.cor		
	E-mail address: (to be used for future annual report no	otification)
For further information c	oncerning this matter, please c	alI:	
	Sanford Aaron	at (_248)626-9966	
Name o	f Person		me Telephone Number
Enclosed is a check for the	ne 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 Addres		Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 632		The Centre of	•
Tallahassee, l	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Magic City 277 Holdings LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	and assigned a
The Articles of Organization for this Limited Liability Company were filed on May 8, 2020	and assigned
Florida document number <u>L20000125387</u> .	
. This amendment is submitted to amend the following:	6 AH
A. If amending name, enter the new name of the limited liability company here:	ğ 🖸
Magic City Holdings 277 LLC	သ
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)	
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:	
New Registered Office Address:	
Enter Florida street address	
Enter Florida street address , Florid	a
	aZip Code
, Florid	

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>	Type of Action
	.		□ Add
			□Remove
•			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
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	<u></u>		□Add
		□Remove	
			[]Change
			□ Add
			□Remove
			□Change

If amending any other is	nformation, enter change(s) here: (Attach additional sheets, if necessary.)
~	
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Note: If the date inserted in	han the date of filing:
record specifies a delayed I is filed.	effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Pated May 20	2020
	Signature of a member or authorized representative of a member
	Sanford J. Aaron, Authorized Representative
	Typed or printed name of signee

Filing Fee: \$25.00