## L20 000 198335

(Requestor's Name)	_
(Address)	_
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	-
Special Instructions to Filing Officer:	1





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## **COVER LETTER**

TO: Registration Sect Division of Corpo			
SUBJECT: Mag	Sic City Co	Oncietge Service ted Liability Company	ces LLC
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return all correspond	dence concerning this matter t	to the following:	
	Rafael V	aldez Espinal	
		Firm/Company	
	9061 SU	U 156th St.	Apt 106
	Palmetto	Bay, FL 33	157
	CSpinalinfora	9 amail. Com	cation)
For further information cor	ncerning this matter, please ca	II:	
Rafael Val	dez Espinal	at ( <u>305</u> ) <u>951 –</u> Area Code Daytime	9165 Telephone Number
Enclosed is a check for the	following amount:		
\$25,00 Filing Fee    \$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)
<b>N.</b> 191			

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

Magic City Conc	ierge Services LLC
(Name of the Lathited Liability C (A Florida Lin	ompany as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number <u>L 2000 19833</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
N/A	
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:	<i>N</i> /A
(Principal office address MUST BE A STREET ADDRES	(8)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	W/A PICED
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	Cay April oue

## 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MM	Rafael Valdez Espiral	9061 SW 156th st Unit	<u>id</u> □Add
		Palmetto Bay, FL 33157	□Remove
		change from MGR to MM (Manager M	X(Change これない)
			□Add
			□Remove
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n effective date is o <mark>te:</mark> If the date i	other than the dat listed, the date must be s nserted in this block of we date on the Depart	specific and cannot be does not meet the a	prior to date of filing applicable statutory	g or more than 90 days		
ecord specifies a s filed.	delayed effective da	e, but not an effect	tive time, at 12:01	a.m. on the earlier o	of: (b) The 90th	h day after the
red Octo	ber 21		20.	1		
	Kafae	1 Valde	z Espi	na J		
	Sign	iature of a member of	r aumorizeu represen	itative of a member		

Filing Fee: \$25.00