Florida Department of State

L20C00287061

Division of Corporations
Electronic Filing Cover Sheet

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H220003169143ABC

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To:
  Division of Corporations
  Fax Number : (850)617-6383

From:
  Account Name : GRAYROBINSON, P.A. - ORLANDO
  Account Number : I20010000007B
  Phone   : (407)843-8880
  Fax Number : (407)244-5690

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Sodawing1@ gmail.com

LLC REGISTERED AGENT CHANGE
MAGIC WINGDOM 11, LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	$25.00

2022 SEP 13 AM 8:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA

APPROVED AND FILED

Electronic Filing Menu Corporate Filing Menu   Help

(((H22000316914 3)))

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

MAGIC WINGDOM-11, 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 07/22/2020 _____ and assigned

Florida document number L20000207061 _____.

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 office address, if applicable:	3203 Lawton Road, Suite 151
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32803

Enter new mailing address, if applicable:	3203 Lawton Road, Suite 151
(Mailing address MAY BE A POST OFFICE BOX)	Orlando, FL 32803

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:	SodaWing, LLC
New Registered Office Address:	3203 Lawton Road, Suite 151
	Enter Florida street address
	Orlando , Florida 32083
	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

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Charles Soderstrom	3203 Lawton Road, Suite 151	■ Add
		Orlando, FL 32803	☐ Remove
			☐ Change
Sole Member	Charles Soderstrom	PO Box 746	☐ Add
		Goldenrod, FL 32733-0746	■ Remove
.			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

_____

_____

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_____

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.

Dated ___9|12_____, 2022 _____.

_____
Signature of a member or authorized representative of a member

Charles Soderstrom
_____
Typed or printed name of signee

Filing Fee: $25.00   (((H22000316914 3)))