L20000 210469

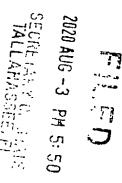
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COVER LETTER

	Registration Se Division of Co						
SUB IEC	MAGIC G	IFTS LLC					
SUBJEC		Name of Lim	ited Liability Company				
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please ret	turn all correspo	ondence concerning this matter	to the following:				
		ALZI LASAUDE					
			Name of Person				
		MAGIC SUPRISE'S LLC					
	Firm/Company 3245 SW PORT ST LUCIE BLVD Address PORT ST LUCIE, FL 34953						
			City/State and Zip Code				
		julietha260@hotmail.com					
		E-mail address: (to be used for future annual report notif	ication)			
For further	er information (concerning this matter, please c	all:				
YULIETH MONTOYA-CUESTAS			772 341-9987			~>	
		of Person	Area Code Daytime	Telephone Number	ECRETA TALLAF	2020 AUG -3	Li
Enclosed	is a check for t	the following amount:			7 () () () () () () () () () (င်္	123
\$25.0	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	PM 5: 50	5

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 GIFTS LLC					
(<u>N</u> ame of the Lim	ited Liability Compa (A Florida Limited	iny as it now appears on Liability Company)	our records.)		
The Articles of Organization for this Limited I Florida document number L20000210469	Liability Company	were filed on 07/20/2	2020	and assigne	ed
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liab	oility company here:			
MAGIC SURPRISE'S LLC					
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the design	nation "LLC" or the al	bbreviation "L.L.C.	
Enter new principal offices address, if applicable:		200 SE SAINT LUC	DIE BLVD		
Principal office address MUST BE A STRE	STUART, FL 34996				
Enter new mailing address, if applicable:		200 SE SAINT LUC STUART, FL 34996			
Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office addr	registered office			ie of the new re	2022 Stered
Name of New Registered Agent:	YULIETH MO	NTOYA-CUESTAS			່ມ ບ ຼື 📆
New Registered Office Address:	200 SE SAINT	LUCIE BLVD			- 100
		Enter Florida s		1111	
	STUART	Ci.	, Florida ³⁴	996	
		Ciţv		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.

Julieth Montaya - Celestas 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>	Name	Address	Type of Action
			□ Add
			□Remove
			☐Change
			□Add
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Effective date, if other than	must be specific and is block does not m	cannot be prior to deet the applicabl			ng.) Pursuant to 605.0207 (
Note: If the date inserted in the document's effective date on the					
document's effective date on the detection of the detection of the december of the detection of the detection of the december	ective date, but not a	an effective time	, at 12:01 a.m. on t	he earlier of: (b)	The 90th day after the
	ective date, but not	an effective time	, at 12:01 a.m. on the	he earlier of: (b)	The 90th day after the
document's effective date on the record specifies a delayed effect is filed.		2020			The 90th day after the

Filing Fee: \$25.00