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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FL

D. BRUCE
SEP 22 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAGIC GIFTS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALZI LASALDE

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 notification)

For further information concerning this matter, please call:

YULIETH MONTOYA-CUESTAS

772 341-9987
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee &
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|--|---|

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MAGIC GIFTS 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 07/20/2020 and assigned
Florida document number L20000210469.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MAGIC SURPRISE'S LLC

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:

200 SE SAINT LUCIE BLVD

(Principal office address MUST BE A STREET ADDRESS)

STUART, FL 34996

Enter new mailing address, if applicable:

200 SE SAINT LUCIE BLVD

(Mailing address MAY BE A POST OFFICE BOX)

STUART, FL 34996

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:

YULIETH MONTOYA-CUESTAS

New Registered Office Address:

200 SE SAINT LUCIE BLVD

Enter Florida street address

STUART

Florida 34996

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

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TALLAHASSEE, FL

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>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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SECRET
TALUHAH/SEC.F/L
MAINTENANCE
OFFICE

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

NONE

[illegible]

E. Effective date, if other than the date of filing: 07/28/2020 (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 JULY 28, 2020

Gulielm Montoya - Cuestas
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

YULIETH MONTOYA-CUESTAS

Typed or printed name of signee

Filing Fee: \$25.00