Note: Please print this page and use it as a cover sheet. Type the fax audit number

Electronic Filing Cover Sheet

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(shown below) on the top and bottom of all pages of the document.



H210000746173ABC

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAXPEOPLE LLC Account Number : 120200000160

phone : (772)460-1000

Fax Number : (772)777-3071

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

Email	Address:	
Email	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MAGIC GLOW, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

-: Ni . .

COVER LETTER

TO: Registration Security Division of Corp.			·
MAGIC GI	LOW, LLC		
SUBJECT:	Name of Limit	ed Liability Company	
	Amendment and fee(s) are subn		
y lease return an correspo		Claudio Toledo Ribeiro	
		Name of Person	
		TaxPeople, LLC	
		Firm/Company	
		2855 SW Brighton St	1
		Address Port St Lucie, FL 34953	
		City/State and Zip Code	<u> </u>
	info@taxpeoplefl.com E-mail address: ()	to be used for future annual report notifical	tion)
For further information	concerning this matter, please co	all:	
Claudio T. Ribeiro		772 460-1000 at ()	
Name	of Person	Area Code Daytime T	elephone Number
Enclosed is a check for	the 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 Addr		Street Address: Degictration Section	ion
	Corporations	Registration Section Division of Corporation Control of Corporation (Control of Toleran Control of Toleran	orations
P.O. Box 63 Tallahassee		The Centre of Tal 2415 N. Monroe Tallahassce, FL 3	Street, Suite 810

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TO		A A
ARTICLES OF OR	GANIZATION	
OF		
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
MAGIC GLOW, LL	С	
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records	<u>ن</u> (ن:
		100
The Articles of Organization for this Limited Liability Company w	ere filed on	and assigned
Florida document number L20000249745		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
MAGIC GLOW COMPANY, LLC		
The new name must be distinguishable and contain the words "Limited Liability	y 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 a	ddress on our records, <u>enter</u>	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 addre	?55
	*	Torida
	, F	loridaZip 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.

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Change

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			Change
			☐ Ald T
			□ Add
			□Remove
·		<u> </u>	□Add
			□Remove
			□Add
			□ Remove
			Change
			□Add
			Remove

(((H210000746173)))

			
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			المن المنافقة المنافق
			ابن نیز
			(A) (C)
			,
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			<u>, — — — — — — — — — — — — — — — — — — —</u>
Effective date, if other than the date fan effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depa	goes not meet me approprie sommon	(optioning or more than 90 days after filly filling requirements, this d	ing.) Pursuant to 605.020
e record specifies a delayed effective d	te, but not an effective time, at 12:01	a.m. on the earlier of: (b)	The 90th day after th
rd is filed.			
Dated FEBRUARY, 23	, 2021	2	
	nature of a member or authorized represen	entative of a member	