

120 000 301 557

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

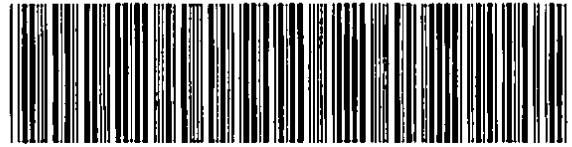
(Business Entity Name)

(Document Number)

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2020 NOV 10 AM 7:30

FILED

2020 NOV 10

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: THE MAGK GROUP, LLC

Name of Limited Liability Company

L20000301557

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

KRISTEL ARAUZ

Name of Person

THE MAGK GROUP, LLC

Firm/Company

8355 W. FLAGLER Street - Suite 239

Address

MIAMI, FL 33144

City/State and Zip Code

~~THEMAGKGROUP~~ THEMAGKGROUP@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KRISTEL ARAUZ

Name of Person

at ( 305 ) 905-1405

Area Code

Daytime Telephone 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 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

THE MAGK GROUP, 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 24 SEP 2020 and assigned Florida document number L20000301557.

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 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 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:

KRISTEL ARAUZ

New Registered Office Address:

8355 W. FLAGLER ST. - SUITE 239

Enter Florida street address

MIAMI

City

Florida

33144

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, 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>
AMBR	BUILD-A-BLOCK CHILDREN THERAPY SOLUTIONS INC.	8355 W. FLAGLER Street	<input type="checkbox"/> Add
		Suite 239	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33144	<input type="checkbox"/> Change
MGR	GIANCARLO JACOME	8355 W. FLAGLER Street	<input type="checkbox"/> Add
		Suite 239	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33144	<input type="checkbox"/> Change
MGR	MICHAELA A. PALMA	8355 W. FLAGLER Street	<input type="checkbox"/> Add
		Suite 239	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33144	<input type="checkbox"/> Change
AMBR	KRISTEL ARAUZ	8355 W FLAGLER Street	<input type="checkbox"/> Add
		Suite 239	<input type="checkbox"/> Remove
		MIAMI, FL 33144	<input checked="" type="checkbox"/> Change
AMBR	ANA JACOME	8355 W. FLAGLER STREET	<input type="checkbox"/> Add
		Suits 239	<input type="checkbox"/> Remove
		MIAMI, FL 33144	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

