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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: THE	- MAGK GRO	oup, LLC	
	Name of Lin	nited Liability Company	
	L200003015	2,5	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		ARAUZ Name of Person Group, LLC Firm/Company	
		Firm/Company LACIEL Street -	Suite 239
		Address	
		City/State and Zip Code GK GROUPE GMAIL to be used for future annual report in	
For further information	concerning this matter, please c	all:	
KRISTEL	ARAUZ	305, 90S	5-1405
	of Person	at (<u>305</u>) <u>908</u> Area Code Days	time Telephone Number
Enclosed is a check for (he following amount:		
\$25.00 Filing Fee	S30.00 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 Addre Registration Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration S Division of C The Centre of 2415 N. Mon Tallahassee, I	Section forporations Tallahassee roe Street, Suite 810

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

THE MAGK GROUP, LLC

(<u>Name of the Limited Li</u> (A Fl	<u>ability Compar</u> orida Limited L	n <mark>y as it now ap</mark> iability Compar	pears on our iy)	records.)		
The Articles of Organization for this Limited Liabili Florida document number		were filed on	24 56	P 2020	and a	assigned
This amendment is submitted to amend the following	<u>ਜ</u> :					
A. If amending name, enter the new name of the	limited liabi	lity company	here:			
The new name must be distinguishable and contain the words	Limited Liabili	ty Company," tl	he designation	"LLC" or the	ıbbrevi zi ibn	L.L.C."
Enter new principal offices address, if applicable:					<u> </u>	
(Principal office address MUST BE A STREET AL	DDRESS)					:
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Į.				ñ 7: 30	- -
B. If amending the registered agent and/or registe agent and/or the new registered office address her	<u>re</u> :					
Name of New Registered Agent:	KRIST	tel Ac	2AUZ			
New Registered Office Address:	8355 1	TEL AG W. FLAC	ler St Florida street d	. – Sui	te 239	<u>#</u>
	Mi	AMi		_, Florida _	33144	4
Naw Unnictored Ament's Signature of the state of		City			Zıp Cod	e.

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 to 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 adder removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Build-A-Black Childrens THERAPY Solutions INC.	8355 W. FLAGLER Street	□Add
	1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Suite 239	⊠Remove
		Miani, PL 33144	□Change
WERZ	GANCARIO JACOME	8355 W. FLAGRE Sheet	🗆 Add
		Suito 239	Remove 100
		MIAMI FL 33144	Change
MGR	MICHAEL A. PALMA	8355 w. Flagler Street	L Standard
		Suite 239	డు (≌Kemove
		Mimi, FL 33144	🗆 Change
AMBR	KRISTEL ARAUZ	8355 W FLAGIER Sheet	□Add
		Suite 239	□Remove
		Miani , FL 33144	Mchange
AMBR	ANA JACOME	8355 W. Flagler Street	<u>∓</u> □Add
		Suits 239	□Remove
		Mismi, FC 33144	Change
			□ Add
			□Remove
			□Change

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effective date, if other than the date of filing: If effective date is listed, the date must be specific and cannot be prior to date of filing or more the state inserted in this block does not meet the applicable statutory filing recoment's effective date on the Department of State's records.	(optional) nan 90 days after filing.) Pursuant to 605,020 juirements, this date will not be listed a
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on th filed.	e earlier of: (b) The 90th day after the
06 NOVEMBER 2020.	
¥ 0 '	
Signature of a member or authorized representative of a	meinber