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10/28/20--01013--014 **25.00





COVER LETTER

TO: Registration Se Division of Cor						
MARAGIT	TWO LLC					
SUBJECT: Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Matthew Goodwin					
		Name of Person				
	Goodwin Law, P.A.					
	_	Firm/Company				
	-	Address				
	Naples, FL 34103					
	matt@flestatelaw.com	City/State and Zip Code				
	_	to be used for future annual report noti	fication)			
For further information c	concerning this matter, please c	all:				
Matthew Goodwin		239 207-3403				
Name o	f Person	at ()	e Telephone Number			
Enclosed is a check for the	he following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address Registration S	Section	Street Address: Registration Sec				
Division of C P.O. Box 632		Division of Cor The Centre of T				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARAGITWO LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.))
The Articles of Organization for this Limited Liability Company w Florida document number		and assigned OCT 2
This amendment is submitted to amend the following:		28 PH
A. If amending name, enter the new name of the limited liabili	ty company here:	5 0
MagariTwo LLC		:- 20
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 adagent and/or the new registered office address here:	dress on our records, <u>enter th</u>	ne name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe		

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

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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Actio
			□Add
			□Remove
			□Add
			- □Remove
			□ Change
<u></u>			□Add
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			Remove
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Note: If	tive date, if other than the date of filing:
he record : ord is filed	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 d.
Dated _	October 20
	Signature of a member or authorized representative of a member