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CUD IFCT	MAGA'TP	, LLC	. •	
SUBJECT	· <u> </u>		ited Liability Company	
The enclos	MAGA TP, LLC The Name of Limited Liability Company Angel Santos Angel Santos Name of Person MAGA TP, LLC Firm/Company 1806 N FLAMINGO RD. SUITE 307 Address PEMBROKE PINES, FL 33028 City/State and Zip Code ANSAFINANCIALSVCS@AOL.COM E-mail address: (to be used for future annual report notification) her information concerning this matter, please call: Santos Name of Person Area Code Daytime Telephone Number di sa check for the following amount: 1.00 Filing Fee Certificate of Status Area Code Certificate of Status Certificate of Status Certificate of Status Certificate of Status			
Please retu	ırn all correspo	ondence concerning this matter	to the following:	
		ANGEL SANTOS		
			Name of Person	
		MAGA TP, LLC		
			Firm/Company	-
		1806 N FLAMINGO RD.	SUITE 307	
			Address	<u> </u>
		PEMBROKE PINES, FL	33028	
			City/State and Zip Code	 _
			•	otification)
For further	r information c	oncerning this matter, please c	all:	
ANGEL S	SANTOS		_	
	Name o	f Person		me Telephone Number
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2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAGA TP, 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 OCTOBER 15, 2020 Florida document number ____L20000327483 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: New Registered Office Address: Enter Florida street address , Florida

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>	Address	Type of Action
AMBR	GLORIA GARCIA-FUNTANET	1806 N FLAMINGO RD. SUITE 307	≣ Add
		PEMBROKE PINES, FL 33028	□Remove
			©Change
MGR	AMALIA HERNANDEZ	1806 N FLAMINGO RD. SUITE 307	≣Add
		PEMBROKE PINES, FL 33028	□Remove
			□Change
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