LZC000386277

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COVER LETTER

TO: Registration Section Division of Corporations

MAGNETIC AVANC, LLC

SUBJECT: _____

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JENNY A VILA

Name of Person

JENNY'S TAX SERVICES

Firm/Company

670 SULLIVAN ST

Address

DELTONA, FLORIDA, 32725

City/State and Zip Code

JENNYVILA@JENNYSTAXSERVICES.COM

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

For further information concerning this matter, please call:

JENNY A VILA

Name of Person

_____386 ____3012804 _____at (_____) _____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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMEND	MENT
ARTICLES OF ORGANIZ OF	ZATION
MAGNETIC AVANC, LLC	2021 JAN 14 AM 7: 03
MAGNETIC AVANC, LLC (<u>Name of the Limited Liability Company as it now a</u> (A Florida Limited Liability Comp	ppcars on our records.) any)
The Articles of Organization for this Limited Liability Company were filed o	n <u>12/10/2020</u> and assigned
Florida document number L20000386277	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compar	<u>ny here</u> :
MAGNETIC ADVANCE, LLC	
The new name must be distinguishable and contain the words "Limited Liability Company."	the designation "LLC" or the abbreviation "LLC."
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 o agent and/or the new registered office address here:	ur records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	r Florida stragt address

City

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.

, Florida ___

Zip Code

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			and a strong and a strong an		
Title	Name	Address	2021 JAN 14 AM 7:03		
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: _______(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated	January 10, 2021	
	Signature of a member or authorized representative of a member	
	FREDOV A. LARIEO.	
	Typed or printed name of signee	