

7/21/2021

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

(H21000278969 3)

L200000387896

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : F&L ACCOUNTING SERVICES LLC
Account Number : I20170000063
Phone : (786)343-9023
Fax Number : (305)384-4684

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: monicalopez@flaccountingllc.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MAGNETIC DAYS USA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Help

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COVER LETTER

TO: Registration Section
Division of Corporations

(H21000278969 3)

SUBJECT: MAGNETIC DAYS USA, LLC
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:

MONICA LOPEZ

Name of Person

F&L ACCOUNTING SERVICES LLC

Firm/Company

2414 NW 87 PL SUITE 2414

Address

DORAL FL 33172

City/State and Zip Code

monicalopez@flaccountingllc.com

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

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SECTION 1000000000
TALLAHASSEE

For further information concerning this matter, please call:

MONICA LOPEZ

786 267-4792
at ()
Area Code Daytime Telephone Number

Name of Person

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

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TO ARTICLES OF ORGANIZATION OF

(H21000278969 3)

MAGNETIC DAYS USA, 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 12/11/2020 and assigned
Florida document number L20000387896

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:

3216 W. PAXTON AVE

(Principal office address MUST BE A STREET ADDRESS)

TAMPA, FL 33611

Enter new mailing address, if applicable:

3216 W. PAXTON AVE

(Mailing address MAY BE A POST OFFICE BOX)

TAMPA, FL 33611

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:

PAOLA BEDIN

New Registered Office Address:

3216 W. PAXTON AVE

Enter Florida street address

TAMPA

City

Florida 33611

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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGRM = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MARCO SBRAGI	C/O MAGNETIC 3216 W. PAXTON AVE	<input type="checkbox"/> Add
		TAMPA, FL 33611	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGRM	PAOLA BEDIN	C/O MAGNETIC 3216 W. PAXTON AVE	<input type="checkbox"/> Add
		TAMPA, FL 33611	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGRM	FRANCO MARCHIORATO	C/O MAGNETIC 3216 W. PAXTON AVE	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33611	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	GUIDO BALLATORE	C/O MAGNETIC 3216 W. PAXTON AVE	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33611	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	DIEGO G. MEDONE	12755 SW 57TH AVENUE	<input checked="" type="checkbox"/> Add
		CORAL GABLES, FL 33156	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (H21000278969 3)

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SEBASTIAN
COUNTY
ARIZONA

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 JUNE 7, 2021

Signature of a member or authorized representative of a member.

PAOLA BEDIN

Typed or printed name of signee

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Filing Fee: \$ 25.00