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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	MAJIC TOUCH LLC			
	Name of Lin	nited 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:		
	AN	ITHONY SANTANA		
		Name of Person		
		Home	ر ا	2021 AUS 19 PM 3: 04
		Firm/Company	ORE CRE	A T
		3909 6th st west	喜	319
		Address		PH
	Le	high acres fl, 33971	E.F.	ယ္ 🕻
		City/State and Zip Code		410
	E muil addrocer	to be used for future annual repor	r natification)	
		-	r notification)	
for further information (concerning this matter, please o	att:		
	NY SANTANA	_{at (} _239)	677-0665	_
Name (of Person	Area Code D	aytime Telephone Number	
Enclosed is a check for t	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 Fe Certificate of St Certified Copy (additional copy is	tatus &
Mailing Addre Registration		<u>Street Addre</u> Registration		
Division of C	Corporations	Division of	Corporations	
P.O. Box 632 Tallahassee,			of Tallahassee onroe Street, Suite 810 c, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MR SPARKLE 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 our records, enter the name of the new records.	(A Florida Lim	mited Liability Company)
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:		apany were filed on and assigned and assigned
MR SPARKLE 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 our records, enter the name of the new re	This amendment is submitted to amend the following:	
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 re	A. If amending name, enter the new name of the limited	I liability company here:
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 records.	• • • • • • • • • • • • • • • • • • • •	
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 re	The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
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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 re	(Principal office address MUST BE A STREET ADDRES.	
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B. If amending the registered agent and/or registered office address on our records, enter the name of the new re	Enter new mailing address, if applicable:	
	(Mailing address MAY BE A POST OFFICE BOX)	
Name of New Registered Agent:	Name of New Registered Agent:	ffice address on our records, <u>enter the name of the new regist</u>
New Registered Office Address: Enter Florida street address	New Registered Office Address:	Enter Florida street address
. Florida		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.

City

If Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Sandra diaz sanchez	3909 6th st west lehigh acres fl, 3397	<u>1</u> □Add
			⊠Remove
			□Change
<u></u>			□Add
			□Remove
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	te, if other than the date of fi ate is listed, the date must be specific		date of filing or mo	e than 90 days after) Pursu	ant to 605.02
e: If the d	date inserted in this block does not fective date on the Department (ot meet the applicab	le statutory filing	requirements, this	date	will no	ot be listed
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cord specif filed.	fies a delayed effective date, but	not an effective tim	e, at 12:01 a.m. oi	the earlier of: (b)	Th	e 90th	day after th
ed	August 18th	2021	. •				
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			zed representative of	F			