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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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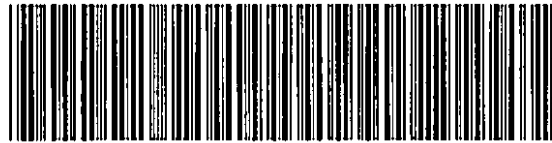
(Business Entity Name)

(Document Number)

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FALLS CHURCH, VA

PRICE
SEP 15 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAGNA CONTROL AUTOMATIONS 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:

LEONARDO GODOY

Name of Person

Leonardo Godoy

Firm/Company

2051 BRILLANTE DR

Address

SAINT CLOUD FLORIDA 34771

City/State and Zip Code

ODD_LYS@hotmail.com

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

For further information concerning this matter, please call:

LEONARDO GODOY

305 3057265915

at ()

Name of Person

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)

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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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MAGNA CONTROL AUTOMATIONS 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 02/03/2021 and assigned
Florida document number L21000059433.

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)

11818 WATER RUN ALY WINDERMERE FL 34786

SAINT CLOUD FL 34771

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2051 BRILLANTE DR

SAINT CLOUD FL 34771

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:

GODOY, LEONARDO

New Registered Office Address:

2051 BRILLANTE DR

Enter Florida street address

SAINT CLOUD

City

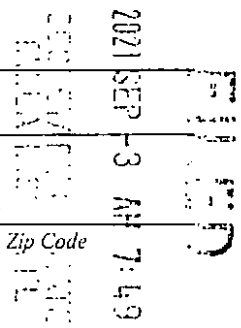
Florida 34771

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.


Leonardo Godoy
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>	<u>Address</u>	<u>Type of Action</u>
MGR	AVILA ANEZ, UKUIAT		<input type="checkbox"/> Add
		11818 WATER RUN ALY WINDERMERE FL 34786	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	AVILA RIOS, JOSE		<input type="checkbox"/> Add
		11818 WATER RUN ALY WINDERMERE FL 34786	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GODOY, LEONARDO		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		2051 BRILLANTE DR SAINT CLOUD FL 34771	<input checked="" type="checkbox"/> Change
MGR	JIMENEZ, ODDALYS		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
		2051 BRILLANTE DR SAINT CLOUD FL 34771	<input checked="" type="checkbox"/> Change
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(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)

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 08/31/2021

Leonardo Godoy

Signature of a member or authorized representative of a member

GODOY, LEONARDO

Typed or printed name of signee

Filing Fee: \$25.00