## L210000 79164

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T. MATTHEWS NOV -4 2021

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

30b3Ec1	Name of Lim	ited 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:	
	Maximillian Lupo		
		Name of Person	
	Magnificent Capital LLC		
	-	Firm/Company	
	8815 Conroy Windermere	Road #342	
	·	Address	
	Orlando, Florida 32835		
		City/State and Zip Code	
	max@magnificent.capital		Manadan Y
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ror juriner information c	Name of Person  Magnificent Capital LLC  Firm/Company  8815 Conroy Windermere Road #342  Address  Orlando, Florida 32835  City/State and Zip Code  max@magnificent.capital  E-mail address: (to be used for future annual report notification)  formation concerning this matter, please call:  Lupo  407  Name of Person  Area Code  Daytime Telephone Number  check for the following amount:  itling Fee  \$30.00 Filing Fee & Certificate of Status  Certificate of Status & Certified Copy (additional copy is enclused)  Street Address:  gistration Section  Ing Address:  Registration Section  Division of Corporations		
Maximillian Lupo			
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Addres			
<del>_</del>		<del>_</del>	
P.O. Box 6327			-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 OCT 27 PH 1: 15

Magnificent Capital LLC		
( <u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 02/16/2021	and assigned
Florida document number L21000079164		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or	the abbreviation "L.1C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter the</u>	name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	City	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

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

MGR = Manager AMBR = Authorized Member Address 21 007 27 PH 1: 15 **Type of Action** Title <u>Name</u> **AMBR** Matthew Darnell 9292 East Misty Drive, Claremore Oklahoma 74019 **⊟**∧dd □Remove \_\_\_\_\_ Change \_\_\_\_\_ 🗆 🗖 Add Remove \_\_\_ □Add \_\_\_\_ □Change \_\_\_\_\_ □Add □Remove \_\_\_\_\_ Change \_\_\_\_\_ □Add \_ □Add □Remove \_\_\_\_\_ Change

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Committee support	Maximillian Lupo		

Filing Fee: \$25.00