## L21000116318

(Re	questor's Name)	
———(Ad	dress)	
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PICK-UP		MAIL
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Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO:

Tallahassee, FL 32314

TO: Registration 3 Division of Co			
Magitaca	LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles (	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Maria V Obando		
		Name of Person	······
	Magitaca, LLC		
		Firm/Company	<del></del>
	1952 NW 167 TERRACE		
		Address	
	Pembroke Pines, FL 33028	8	
		City/State and Zip Code	
	magitacalle@gmail.com	to be used for future annual report notil	Tention \
For further information	concerning this matter, please c	•	(Catton)
Maria V Obando		954 643 - 7509	)
Name	of Person	at () Area Code Daytimo	e Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Fifing 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 Addr</u> Registration		Street Address: Registration Sec	ction
Division of	Corporations	Division of Cor	porations
P.O. Box 63	327	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Magitaca, L.I.C		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) hability Company)	
The Articles of Organization for this Limited Liability Company	were filed on03/11/2021	and assigned
Florida document number 1.21000116318		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		0 10
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
Manung unaress MAT DE A FOST OFFICE DOAY		
		<u>~</u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter th</u>	e name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	Ciţy	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.

Hamending 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
AR	Agudelo, Rafael	1952 NW 167 TERRACE	□Add
		Pembroke Pines, FL 33028	■Remove
AR Agudelo Obando, Lina M	Agudelo Obando, Lina M	1912 NW 167 TERRACE	□Add
		Pembroke Pines, FL 33028	≣Remove
			□Change
AR	Obando, Maria V	1952 NW 167 TERRACE	
		Pembroke Pines, FL 33029	□Remove
			☐ Change
			□Remove
		···	Add
			Remove
			□Change □ □Add
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ective date, if other than the da	05/04/2021 ate of filing:	(optio	nal)
reffective date is listed, the date must be	specific and cannot be prior to date	of filing or more than 90 days after	filing.) Pürsyant to 605.02
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