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(Do	ocument Number)	
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600371773616



COVER LETTER

TO: Registration Secti Division of Corpo		
SUBJECT: Magnu	FINCHUAL INVOSEMENTS LLC Name of Limited Liability Company	
The enclosed Articles of An	mendment and fee(s) are submitted for filing.	
Please return all corresponde	ence concerning this matter to the following:	
	Luigi Magny	
	Name of Person	
	Firm/Company	
	• •	
	4201 NW 34th St Apt \$210	
	Lauderdale Cares FL 33319 City/State and Zip Code	
-	E-mail address: (to be used for future annual report notification)	
For further information conc	cerning this matter, please call:	
Lugi Mag	at (754), 281 0968 Area Code Daytime Telephone Number	
Enclosed is a check for the fo	following amount:	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status 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

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

Magny Finanual Invostry Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L21500146727</u> .	were filed on 03 30 / 202	1 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
MAGNY ENTERPRISE	LLC	
The new name must be distinguishable and contain the words "Limited Liabil		
Enter new principal offices address, if applicable:	2901 W Cypress 6	o2nd St
(Principal office address MUST BE A STREET ADDRESS)	#105C	
	FOH Lauderdale, Fl	33309
Entar now mailing address if applicables		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Address of the second s	
Mauring address MAT DE ATOST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name	of the new registered
Name of New Registered Agent:		
New Registered Office Address:		·.
	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		<u>。</u> [5]

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 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>	Name	Address	Type of Action
			□Add
		Manager 1	□Remove
			Change
		 .	□Add
			□Remove
			□Change
	.		□Add
			□Remove
			□Add
			□Remove
		□Add	
			Remove
			□Remove
			∏C'hange

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. e 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 distilled.		
Effective date, if other than the date of filing:		
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ord is filed.		
Dated OG 192021 Signature of a member or authorized representative of a member		
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Dated 06 19 2021 Signature of a member or authorized representative of a member	ora is inec	
Signature of a member or authorized representative of a member	Dated 1	V6/19/2021
Signature of a member or authorized representative of a member	Daicui	
Signature of a member or authorized representative of a member		Sund bon
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1 : 1 1 1 1 1 1 1 1 1		Typed or printed name of signee