L21000163059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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21 OCT 18 AM 8:07

2021 OCT 19 AM 11:32

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 5, 2021

ILANNA REISNER
3194 TIMUCUA CIR
ORLANDO, FL 32837

SUBJECT: THE MAGIC PAWS LLC
Ref. Number: L21000163059

We have received your document for THE MAGIC PAWS LLC and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews
OPS

Letter Number: 721A00024113

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: THE MAGIC PAWS 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:

JLANNA REISNER
Name of Person

Firm/Company

3194 TIMUCUA CIRCLE
Address

ORLANDO, FL, 32837
City/State and Zip Code

jlannayod@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JLANNA REISNER at (407) 7385712
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

THE MAGIC PAWS 21 OCT 19 AM 8:07

(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 04/08/21 and assigned Florida document number L21000163059.

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)

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 register agent and/or the new registered office address here:

Name of New Registered Agent: JOSEFA IEDA DOS SANTOS

New Registered Office Address: 3194 TIMUCUA CIRCE
Enter Florida street address

ORLANDO, Florida 32837
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 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 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.

Josefa Ieda dos Santos
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

21 OCT 19 AM 8:07

Title	Name	Address	Type of Action
MGR	JOSEFA IEDA DOS SANTOS	3194 TIMUCUA CIRCLE	☑ Add
		ORLANDO, FL, 32837	☐ Remove
			☐ Change
MGR	SAMUEL R REISNER	3194 TIMUCUA CIRCLE	☐ Add
		ORLANDO, FL, 32837	☑ Remove
			☐ Change
MGR	ILANNA REISNER	3194 TIMUCUA CIRCLE	☐ Add
		ORLANDO, FL, 32837	☑ Remove
			☐ Change
MGR	ALEXANDRE P SAMPAIO	2307 RUNYON COURT [redacted]	☐ Add
		ORLANDO, FL, 32837	☑ Remove
			☐ Change
____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

21 OCT 18 AM 8:01

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 October 14th, 2021.

Jane Reisner

Signature of a member or authorized representative of a member

JLANNA REISNER

Typed or printed name of signee

Filing Fee: $25.00