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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

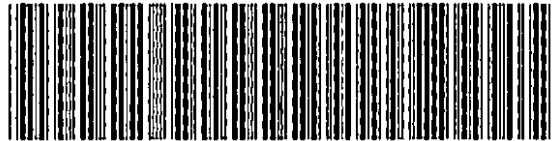
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21 OCT 13 AM 8:07



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 OCT 19 AM 11:32

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

ilannayod@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 18 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	21 OCT 18 AM 8:07	<u>Type of Action</u>
<u>MGR</u>	<u>JOSEFA IEDA DOS SANTOS</u>	<u>3194 TIMUCUA CIRCLE</u>		☒ Add
		<u>ORLANDO, FL, 32837</u>		☐ Remove
				☐ Change
<u>MGR</u>	<u>SAMUEL R REISNER</u>	<u>3194 TIMUCUA CIRCLE</u>		☐ Add
		<u>ORLANDO, FL, 32837</u>		☒ Remove
				☐ Change
<u>MGR</u>	<u>ILANNA REISNER</u>	<u>3194 TIMUCUA CIRCLE</u>		☐ Add
		<u>ORLANDO, FL, 32837</u>		☒ Remove
				☐ Change
<u>MGR</u>	<u>ALEXANDRE P SAMPAIO</u>	<u>2307 RUNYON COURT</u>		☐ Add
		<u>3194 TIMUCUA CIRCLE</u>		
		<u>ORLANDO, FL, 32837</u>		☒ 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 19 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

Janina Beisner

Signature of a member or authorized representative of a member

JLANNA BEISNER

Typed or printed name of signee