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(Business Entity Name)	
(Document Number)	•
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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Office Use Only



12/06/21--01005--025 **25.00

FILED 2021 DEC -6 PH 2: 05 SECRET: STATE

Y. SCOTT DEC 16 2021

COVER LETTER

TO: **Registration Section Division of Corporations**

MAGALY DOIG REAL STATE SUBJECT: ___

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:

Paola C Cardenas

	Name of Person			
	Tax Care Orlando	171 171	2021 DEC	
	Firm/Company)EC	11
	12701 S John Young Pkwy Suite 216		<u>-</u> б	
	Address		ΡĦ	
	Orlando, Florida 32837	E. FA	2: 05	
	City/State and Zip Code	ודו י	വ	
	paola.cardenas@taxcareinc.com			
	E-mail address: (to be used for future annual report notification)			
For further information	n concerning this matter, please call:			
Duale Cardanas	11.50-1.85			

Name of Person

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

Paola Cardenas

□ \$30.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)

_at (_____

Area Code

□ \$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

Daytime Telephone Number

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAGALY DOIG REAL STATE		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v	were filed on	and assigned
Florida document number L21000184419		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	2021 SE(T
MAGALY DOIG REAL STATE LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or t	
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)		<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 the</u>	name of the new registered
Name of New Registered Agent:		<u>_,</u>
New Registered Office Address:	Enter Florida street address	

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. Thereby confirm that the limited liability company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

. Florida _

Zip Code

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

MGR = Manager AMBR = Authorized Member

•

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<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR 	SCANDER DOIG, RUMENOS J	13572 TURTLE MARSH LOOP 210	_ ∎∧dd
		ORLANDO, FLORIDA 32837	_ 🗆 Remove
MGR	MONTENEGRO MILLER, MAYTE	13572 TURTLE MARSH LOOP 210	- Frad
		ORLANDO, FLORIDA 32837	L □Bemosel
			_ 🗆 Add
			_ 🗆 Remove
			_ Change
			_ 🗆 Add
			_ 🗆 Remove
			_ 🗍 Change
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			_ 🗌 Remove
			_ 🗆 Change
			_ 🗆 Add
			_ 🗇 Remove
			🗆 Change

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

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(optional)

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	
×	Mapal, Dig Uda. de Scander
	Signature of a member or authorized representative of a member

MAGALY DOIG VDA DE SCANDER

Typed or printed name of signee

Filing Fee: \$25.00