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| | (Requestor's Name) |
|----------------------|--------------------------|
| | (Address) |
| | (Address) |
| | (City/State/Zip/Phone #) |
| PICK-UF | P MAIL MAIL |
| | (Business Entity Name) |
| | (Document Number) |
| Certified Copies | Certificates of Status |
| Special Instructions | to Filing Officer: |
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COVER LETTER

Registration Section TO: **Division of Corporations**

| MAGENT SUBJECT: | A CONSULTING LLC | | | |
|----------------------------|---|---|---|-------------------|
| 30 NA.C 1. | Name of Lim | ited Liability Company | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for tiling. | | |
| Please return all correspo | ondence concerning this matter | to the following: | | |
| | Laura Gilli | | | |
| | | Name of Person | | |
| | MAGENTA CONSULTIN | G LLC | | |
| | | Firm/Company | | |
| | 4770 N Citation Dr #102 | | | |
| | | Address | | |
| | Delray Beach, FL 33445 | | | |
| | | City/State and Zip Code | <u>· · · · · · · · · · · · · · · · · · · </u> | $C_{\mathcal{O}}$ |
| | LGilli92@gmail.com | | (ion) (iii) | |
| | E-mail address: () | to be used for future annual report notificati | on) (#E | : |
| For further information of | concerning this matter, please co | ill: | <u> </u> | |
| Laura Gilli | | 401 499-0980 at () | <u>></u> | 1 |
| Name c | of Person | Area Code Daytime Tel | lephone Number 🚃 🎦 | • |
| Enclosed is a check for t | he following amount: | | | |
| □ \$25.00 Filing Fee | S30,00 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

 $\frac{\text{MAGENTA CONSULTING LLC}}{\text{(Name of the Limited Liability Company as it now appears on our records.)}}{\text{(A Florida Limited Liability Company)}}$ The Articles of Organization for this Limited Liability Company were filed on $\frac{05/07/2021}{\text{and assigned}}$ and assigned Florida document number $\frac{1.21000213700}{\text{Liability Company}}$ This amendment is submitted to amend the following:

| Florida document number 1.21000213700 | |
|---|--|
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited | l liability company here: |
| The new name must be distinguishable and contain the words "Limited I | 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 ADDRES: | <u> </u> |
| | |
| | <u>4</u> 5. |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
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| | fice address on our records, enter the name of the new registered |
| agent and/or the new registered office address here: | |
| | 24 |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| New registered office reduces. | Enter Florida street address |
| | . Florida |
| | 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 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 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> | Address | Type of Action |
|--------------|--------------|---------------------------------------|-----------------------|
| AMBR | Laura Gilli | 4770 N Citation Dr #102 | = Add |
| | | Defray Beach, FL 33444 | □Remove |
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| fective date, if other | than the date o | t tiling: | | | (option | | 405.0365 |
| in effective date is listed, the other. If the date inserted | ie date must be spec Lin this block doc | nific and cannot be is not meet the aj | prior to date of file pplicable statutor | ig or more than 90 v filing requirer | nents, this c | ung.) Pursu late will n | ot be listed as |
| ocument's effective date | | | | | | | |
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| record specifies a delaye | rd effective date, l | but not an effecti | ive time, at 12:04 | a.m. on the ear | lier of: (b) | The 90th | day after the |
| is filed. | | | | | | | |
| June 3 | | 2021 | | | | | |
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Typed or printed name of signee