

121 000310897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

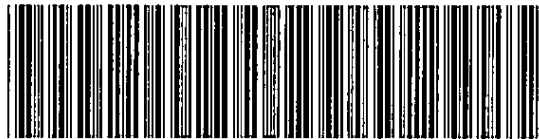
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700380337117

A. BUTLER  
FEB - 4 2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MAGELLAN MOVING & STORAGE 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:

Erick Alfredo Galarrraga  
Name of Person

MAGELLAN MOVING & STORAGE LLC  
Firm/Company

17441 NW 52nd PL  
Address

Miami Gardens, FL, 33055  
City/State and Zip Code

Erick.Galarrraga1020@icloud.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erick Alfredo Galarrraga at ( 305 ) 560-8628  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee.<br>Certificate of Status &<br>Certified Copy<br>(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**

MAGELLAN MOVING & STORAGE LLC

(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 07/07/2024 and assigned Florida document number L21000310897.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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)

17441 NW 52nd PL  
Miami Gardens, FL, 33055

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

17441 NW 52nd PL  
Miami Gardens, FL, 33055

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Keep same.

New Registered Office Address:

Enter Florida street address

City, Florida 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	AVIAD, ROTE M	15232 SW 68th ST	<input type="checkbox"/> Add
		MIAMI, FL, 33193	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Erick Alfredo Galaraga	17441 NW 52nd pl	<input type="checkbox"/> Add
		<del>MIAMI GARDENS, FL</del>	<input type="checkbox"/> Remove
		MIAMI GARDENS, FL,	<input checked="" type="checkbox"/> Change
		33055.	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

I need the principal & mailing address changed to 17441 NW 52nd PL, Miami Gardens, FL, 33055. Also both members address need to be changed to 17441 NW 52nd PL, Miami Gardens, FL, 33055 for Erick Galaraga. And for Aviad Rotem address needs to be changed to 15232 SW 68th St, Miami, FL, 33193.

I leave a blank money order for the office to fill out for these changes.

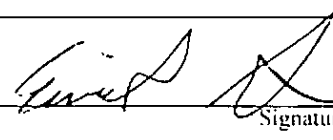
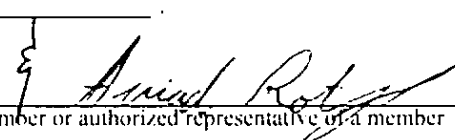
E. Effective date, if other than the date of filing: 1/22/2022 (optional)

(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 \_\_\_\_\_

 &   
Signature of a member or authorized representative of a member

Erick Galaraga / Aviad Rotem  
Typed or printed name of signee