

L2100032469

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC  
Account Number : 120160000067  
Phone : (407)370-3686  
Fax Number : (407)370-3120

RECEIVED  
CORPORATION  
SEP 26 2024  
PM 3:15

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: assistant2.larson@larsonacc.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MAGA IMPORT AND EXPORT LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

MAGA IMPORT AND EXPORT 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 08/05/2021 and assigned Florida document number L21000352469.

This amendment is submitted to amend the following:

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

4JET LINK LLC

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)

7901 KINGSPONTE PKWY  
STE 17  
ORLANDO, FL 32819  
SEP 26 2024 PM 3:15  
CLERK OF COURT  
STATE OF FLORIDA

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: LARSON ACCOUNTING GROUP

New Registered Office Address: 7901 KINGSPONTE PKWY, STE 17  
*Enter Florida street address*

ORLANDO, Florida 32819  
*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.*

CAROLINE LARSON

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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

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Title      Name      Address      Type of Action

\_\_\_\_\_  Add

\_\_\_\_\_  Remove

\_\_\_\_\_  Change

\_\_\_\_\_  Add

\_\_\_\_\_  Remove

\_\_\_\_\_  Change

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\_\_\_\_\_  Add

((H24000327330 3))  Remove

\_\_\_\_\_  Change

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

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SEP 25 11 59 AM '24  
STATE OF MASSACHUSETTS  
RECORDS & REGISTRY

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 SEPTEMBER, 25 2024

*Larissa B Coelho*

Signature of a member or authorized representative of a member

LARISSA BILDA COELHO

Typed or printed name of signee

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