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2022 APR 14 AM 10: 43
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TALLATIASSEE, FL

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2022 APR 14 AM 10: 33

A. BUTLER APR 14 2022

COVER LETTER

Division of Corp	orations		
	MILY INVESTMENTS LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	uitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	•
	YOLANDA J TORRES M	ONCADA	
		Name of Person	
	MAGIC FAMILY INVEST	TMENTS LLC	
		Firm/Company	
	7500 NW 25TH ST SUITE	237	
		Address	
	DORAL, FLORIDA 33122	2	
		City/State and Zip Code	
	INFO@JCBSOLUTIONSIN	SC.NET o be used for future annual report notifi	cation)
For further information co	neerning this matter, please ca		
YOLANDA J TORRES MONCADA 866 296-1833			
Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount:		
∑ S25.00 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 tadditional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section

TO:

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

YOLANDA J TORRES MONCADA

(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 08/06/2021 and assigned Florida document number | L21000355491 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 registered agent and/or the new registered office address here: Name of New Registered Agent: 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. 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>	Name	Address	Type of Action
MGRM	Armando S. Vargas Franco	7500 NW 25th ST Suite 237 Doral, FL 33122	□Add
			Remove Change Add Change Add Remove
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