## 121000362147

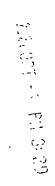
(Red	uestor's Name)	
(Add	iress)	
(Add	lress)	
(/ 120		
(Cit)	//State/Zip/Phone	· #)
PICK-UP	MAIT	MAIL
(Bus	siness Entity Nam	ne)
·	-	
(Doc	cument Number)	
(120)	Jament Namber)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filina Officer	
opeoid manualis to	imig Silicon	

Office Use Only



100374345441

10/08/21--01015--003 \*\*25.00



## **COVER LETTER**

TO:	Registration Sec Division of Corp				
412 to 11	Maguis Shor	LLC			
SUBJI	ECT:	Name of Limi	ted Liability Company		<del></del>
		Amendment and fee(s) are sub-			
		Sandra Magaly Trujillo Suc	chite		
			Name of Person	<u></u>	<del></del>
		Maguis Shop LLC			
			Firm/Company		
		2502 Hybrid et			
			Address		
		Kissimme Fl 34758			
			City/State and Zip Code		
		smagaly18@icloud.com			<del></del>
		E-mail address: (I	o be used for future annual i	report notification)	
For fu	rther information co	incerning this matter, please ca	all:		
Sandra Magaly Trujillo Suchite		321 280 at ()	0673		
	Name of	Person	Area Code	Daytime Telepho	one Number
Enclos	sed is a check for the	e following amount:			
≣ sa	25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Maguis Shop LLC			
(Name of the Limi	ited Liability Company as it now appears of (A Florida Limited Liability Company)	n our records.)	
he Articles of Organization for this Limited L lorida document number L21000362147		2021	nd assigned
his amendment is submitted to amend the fol	lowing:		
. If amending name, enter the new name of	of the limited liability company here	:	
he new name must be distinguishable and contain the	words "Limited Liability Company." the design	gnation "LLC" or the abbrevia	tion "L.L.C."
nter new principal offices address, if appli	cable:		
Principal office address MUST BE A STREE	ET ADDRESS)		
nter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
. If amending the registered agent and/or gent and/or the new registered office addre	••	ords, <u>enter the name of t</u>	he new regis
		,	
Name of New Registered Agent:	Sandra Magaly Trujillo Suchite		
New Registered Office Address:	2502 Hybrid et		1 <u>.4</u> 1
Negistered Office Fidures.	Enter Florida	street address	<del>") :</del>
	Kissimmee	, Florida 34758 Zij	<u> </u>
	City	Zij	code:
			$\sim$

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 Ages

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>	Type of Action
MGR	Sandra Magaly Trujillo Suchite	2502 Hybrid Ct Kissimmee FL 34758	🖺 Add
			□ Remove
			□ Change
			□Add
			Петюve
			□Change
			🗆 Add
			□Remove
			☐ Change
			🗀 Add
			□Remove
			☐ Change
			🗀 Add
			□Remove
			□Change
			□Remove

<del></del>		
	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
-		
-		
ffective date	e, if other than the date of filing: (optional)	
Note: If the d	ate 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 late inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed.	.020 ed a
document's ef	Tective date on the Department of State's records.	
record specif	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	r tin
d is filed.		
Octobe	r 04 2021	
Dated		
	- <del>                                    </del>	
	SV WALL EXTENSION OF THE STATE	
	Signature of Amember of authorized representative of a member	

Filing Ess. \$25.00