

L2100043528Z

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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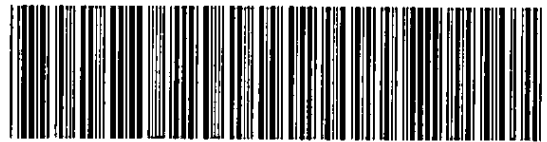
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
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Y. SCOTT

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Y. SCOTT
OCT 25 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAGIQ HOSPITALITY SERVICES 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:

LORRAINE ALLWOOD-WEISE
Name of Person

MAGIQ HOSPITALITY SERVICES LLC
Firm/Company

5005 CITY STREET APT 1324
Address

ORLANDO, FL 32839
City/State and Zip Code

LALLWOOD30@ICLOUD.COM
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE

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For further information concerning this matter, please call:

LORRAINE ALLWOOD-WEISE at (321) 877-6528
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing Fee ☐ \$30.00 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**

MAGIQ HOSPITALITY 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 10/04/2021 and assigned Florida document number 21000435282

This amendment is submitted to amend the following:

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

MAGIQ HOSPITALITY SERVICES LLC.

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5005 CITY STREET
APT 1324
ORLANDO, FL 32839

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:

LORRAINE ALLWOOD-WEISE

New Registered Office Address:

5005 CITY STREET APT 1324

Enter Florida street address

ORLANDO

City

Florida

32839

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>
<u>MGR</u>	<u>LORRAINE ALLWOOD-WEISE</u>	<u>5005 City Street</u>	<input checked="" type="checkbox"/> Add
		<u>Apt 1324</u>	<input type="checkbox"/> Remove
		<u>ORLANDO, FL 32839</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>GAUSHA WEISE</u>	<u>5005 City Street</u>	<input checked="" type="checkbox"/> Add
		<u>Apt 1324</u>	<input type="checkbox"/> Remove
		<u>ORLANDO, FL 32839</u>	<input type="checkbox"/> Change
<u>AM</u>	<u>ARIESE ALLWOOD</u>	<u>4445 CHINABERRY DR</u>	<input checked="" type="checkbox"/> Add
		<u>ORLANDO, FL 32808</u>	<input type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change
<u>AM</u>	<u>GLORIA PHILLIPS</u>	<u>5005 CITY STREET</u>	<input checked="" type="checkbox"/> Add
		<u>APT 1324</u>	<input type="checkbox"/> Remove
		<u>ORLANDO, FL 32839</u>	<input type="checkbox"/> Change
<u>AM</u>	<u>DAPHNE ALLWOOD</u>	<u>4445 CHINABERRY DR</u>	<input checked="" type="checkbox"/> Add
		<u>ORLANDO, FL 32808</u>	<input type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change
		<u>_____</u>	<input type="checkbox"/> Add
		<u>_____</u>	<input type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change

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(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.

Dated October 12, 2021

LORRAINE ARWOOD-WEISE
Typed or printed name of signee