

1220000093052

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

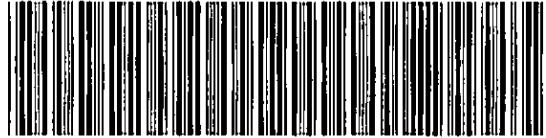
Special Instructions to Filing Officer:

Q. SILAS

APR 25 2022

4/22/22

Office Use Only



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FILED

2022 APR 22 PM 6:33

SECRETARY OF STATE
TALLAHASSEE, FL



RECEIVED

FLORIDA DEPARTMENT OF STATE 2022 APR 22 AM 8:05
Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FL

March 31, 2022

GICENY S.A.
6303 BLUE LAGOON DRIVE SUITE 200
MIAMI, FL 33126

SUBJECT: MAGNIC, LLC.
Ref. Number: L22000093052

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas
Regulatory Specialist II

Letter Number: 622A00007552

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAGNIC, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GICENY S.A.

Name of Person

MAGNIC, LLC

Firm/Company

6303 BLUE LAGOON DRIVE, SUITE 200

Address

MIAMI, FL 33126

City/State and Zip Code

EBALTAR@GLSCCPA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GICENY S.A. 305 373-0123

Name of Person Area Code Daytime Telephone Number

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

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

FILED

2022 APR 22 PM 6:33

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: MAGNIC, LLC

SECRETARY OF STATE
TALLAHASSEE, FL

SECOND: The Florida Document number of the limited liability company is: 122000093052

THIRD: Document to be corrected is: ARTICLES OF ORGANIZATION

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)



Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

THE COMPANY NAME NEEDS TO BE CORRECTED: MANGIC, LLC.

OR

☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

☒ The electronic transmission of the record was defective.

X

Signature of Authorized Representative

Date

4/11/2022

Signature of new registered agent, if applicable (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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.

Registered Agent's Signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)