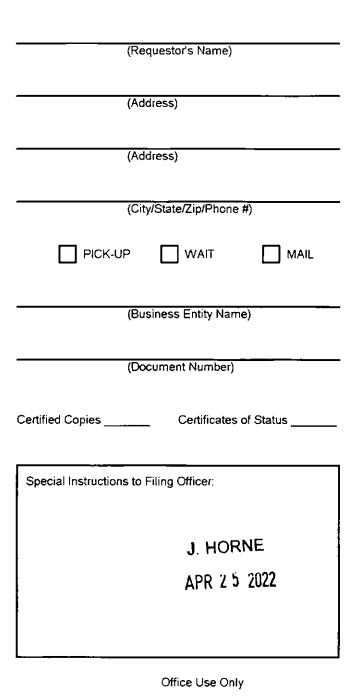
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### **COVER LETTER**

TO: Registration Se Division of Cor						
MCNAIR REALTY MAGIC LLC						
SUBJECT:Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	NATASHA MCNAIR					
	Name of Person					
	MCNAIR REALTY MAGIC LLC					
	Firm/Company					
	7901 4TH ST N, STE 300					
	Address					
	ST PETERSBURG, FL 33702					
	City/State and Zip Code					
	MCNAIRREALTYMAGIC					
	E-mail address: (	to be used for future annual report not	ification)			
For further information of	oncerning this matter, please co	all:				
NATASHA MCNAIR		954 3613793 at ( )				
Name of Person		Area Code Daytin	ne Telephone Number			
Enclosed is a check for the	ne 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:		Street Address: Registration Se	ection			
Registration Section Division of Corporations		Registration Section Division of Corporations				
P.O. Box 6327		The Centre of T	The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MCNAIR REALTY MAGIC 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	and assigned		
Florida document number 1.22000118205	<b>2022</b> SEC TALL		
This amendment is submitted to amend the fo	APR APR		
A. If amending name, enter the new name	of the limited	liability company here:	-7 SSEE
MCNAIR REALTY GROUP LLC	E OF A		
The new name must be distinguishable and contain the	words "Limited I	Liability Company," the design	nation "LLC" or the abbreviation P.L.C.
Enter new principal offices address, if appl	icable:	N/A	<b>.</b>
(Principal office address MUST BE A STRE	ET ADDRES:	<u></u>	
F		N/A	
Enter new mailing address, if applicable:		<del></del>	
(Mailing address MAY BE A POST OFFICE	<u> </u>		
B. If amending the registered agent and/or agent and/or the new registered office addr		fice address on our recor	ds, enter the name of the new registered
agent and of the new registered office addr	ess here.		
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida s	treet address
	N/A		, Florida N/A
		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.

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>	Address	Type of Action
N/A	N/A	N/A	DAdd
		· · · · · · · · · · · · · · · · · · ·	ПRетюve
			□Change
			□Add
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			□ Renюve
			□Change

# D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) $N/\Lambda$ 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

Signature of a member or authorized representative of a member

NATASHA MCNAIR

Typed or printed name of signee