

Florida Department of State
 Division of Corporations
 Filings and Recording Office

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7:16 PM 2 - 11/20/2022

1

Client: Rubem Souza
 ID Number: 14076046519

From:

Account Name: MEDeiros SOUZA CORP
 Account Number: 140190000168
 Phone: 1407336-8467
 Fax Number: 1407604-0617

SECRETARY OF STATE
 TALLAHASSEE, FL 09000

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APPROVED
 AND
 FILED

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Email Address: Contact@medeirosouza.com

FILE AMEND/RESTATE/CORRECT OR M/A/C DESIGN

M&V MAGIC PLACE LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Fee	\$30.00

AUG 02 2022

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: M&V MAGIC PLACE 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:

Ruben Souza

Name of Person

Medeiros Souza Corp

Firm/Company

845 N Garland AVE, STE 100

Address

Orlando , Florida - 32801

City/State and Zip Code

contact@medeirosouza.com

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

For further information concerning this matter, please call:

Ruben Souza

407 326-8484

at ()

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)

MailingAddress:

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

StreetAddress:

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

M&V MAGIC PLACE 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 03/25/2022 and assigned
Florida document number L22000123448.

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:

244 Allison ave, Davenport, FL 33897

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

244 Allison ave, Davenport, FL 33897

(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:

Medeiros Souza Corp

New Registered Office Address:

845 N Garland Ave, STE 100

Enter Florida street address

Orlando

, Florida

City

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.

APPROVED
AND
FILED
2022 AUG 2 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Signature]

