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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MEDEIROS SOUZA CORP

Account Number : I2019000068

Phone : (407)326-8484 Fax Number : (407)604-6519

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: contact@medeirossouza.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN M & V MAGIC PLACE LLC

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TO:

Registration Section

COVER LETTER

Division of Co	prporations			
M & V M	AGIC PLACE LLC			
SUBJECT:				
	Name of Lit	nited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	ondence concerning this matte	r to the following:		
	Rubem Souza			
	 	Name of Person		
	Medeiros Souza corp			
	-	Firm/Company		
	1711 Amazing Way, Ste 2	113		
		Address		
	Oeuce, FL 34761			
		City/State and Zip Code		
	contact@medeirossouza.co			
For firsthing information		to be used for future annual report not	ification)	
	concerning this matter, please of	aH:		
Rubern Souza		407 326 - 8484 at ()		
Name o	of Person	at () Area Code Daytin	ne Felephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	•	Elector with the		
= 325.00 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) 	
<u>MailingAddres</u>		StreetAddress:		
Registration S		Registration Section		
Division of C P.O. Box 632		Division of Cor		
Tallahassee. I		The Centre of 7	lallahassee e Street, Suite 810	
		271J N. WOIII O	woulet, oute 610	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M & V MAGIC PLACE LLC			
(Name of the Lin	nited Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)	
The Articles of Organization for this Limited	Liability Company were filed on 03/25/2	2022	and assigned
florida document number L22000123448			
his amendment is submitted to amend the fo	ollowing:		
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 design	eation "LLC" or the abbro	eviation "L.L.C."
Enter new principal offices address, if appl	icable:		
Principal office address MUST BE A STRE	ET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	
Inter new mailing address, if applicable:			
<u>Mailing address MAY BE A POST OFFICI</u>	<u> </u>		
		<u> </u>	
			7
If a mondifier the constant of the			
. If amending the registered agent and/or	registered office address on our recor-	ds, <u>enter the name (</u>	
. If amending the registered agent and/or gent and/or the new registered office addr	registered office address on our recor ess here:	ds, <u>enter the name e</u>	
. If amending the registered agent and/or gent and/or the new registered office addr Name of New Registered Agent:	registered office address on our recor- ess here: MEDEIROS SOUZA CORP	ds, <u>enter the name e</u>	
gent and/or the new registered office addr Name of New Registered Agent:	<u>ess here</u> :	ds, <u>enter the name e</u>	
gent and/or the new registered office addr	MEDEIROS SOUZA CORP		of the new register
	MEDEIROS SOUZA CORP		of the new register

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>	Name	Address	Type of Action
AMBR	Lucy Esmith Vigo Baltodano	244 ALLISON AVE.	□Add
		DAVENPORT, FL 33897	_
			□Add
			□Remove
			□ Change
			
			□Remove
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			□Add
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Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in thi document's effective date on the	is olock does not incer the appr	iicanic statutory filing re	(optional) than 90 days after filing.) Pursuant to equirements, this date will not be	o 605.0207 (3 e listed as th
ic record specifies a delayed effe and is filed	ective date, but not an effective	time, at 12:01 a.m. on i	the earlier of: (b) The 90th day	after the
	01/09/20	24		
Dated Orlando	 ·	 '		
Dated Orlando	·	<u> </u>		
Dated Orlando	Signature of a member or aut	horized representative of a	ı member	_