Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

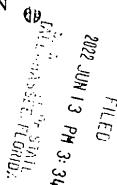
Email Address:

Phone : (307)200-2803 Fax Number : (855)330-1010

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE MAGIC OF CHANGE LLC

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Help

T. LEMIEUX JUN 14 2022

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	. FIVER	
	, Floric	da
New Registered Office Address:	Enter Florida street address	
•		75 +
Name of New Registered Agent:		- 2 <u>ω</u> <u>ω</u>
		95 G
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	nee address on our records, <u>emer the</u>	
B. If amending the registered agent and/or registered off	fice address on our records, enter the	(** <u>-</u> _
(Mailing address MAY BE A POST OFFICE BOX)		- 25 082
Enter new mailing address, if applicable:		- 0 0===================================
	·	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new principal offices address, if applicable:		
	. , , ,	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
A. If amending name, enter the new name of the limited	liability company here:	
This amendment is submitted to amend the following:		
Florida document number L22000242943		
The Articles of Organization for this Limited Liability Comp	nany were filed on US/25/22	and assigned
(Name of the Limited Liability Co	impany as it now appears on our records.) ited Liability Company)	
The Magic of Change LLC		

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 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

Title	<u>Name</u>	Address	Type of Action
MGR	BRITTA GRUNOW	7901 4TH ST N STE 300	□Add
		ST. PETERSBURG, FL 33702	⊠Remove
			□Change
			□ Add
		 	□Remove
			□Change
			🗆 Add
			□Remove
			□Change
-11	-		□Add
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			□Add
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Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blodocument's effective date on the Department.	ek does not	meet the appl	neable statute	ing or more than ory filing requi	(option 90 days after fil rements, this d	al) ing.) Pursuant to 6 ate will not be fi	05.0207 (isted as t
e record specifies a delayed effective d is filed.	date, but no	ot an effective	: time, at 12:0	I a.m. on the	earlier of: (b)	The 90th day at	îter the
Dated June 13	_	2022	·				
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