L22000291588

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COVER LETTER

TO:

TO: Registration Se Division of Cor		<i>></i> -	
CORTES ESTADOS	to Magic LLC	.•	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing	
	ondence concerning this matter		
	Sofia Vasquez		
		Name of Person	
	ZenBusiness INC		
		Firm/Company	
	336 E. College Ave Suite	301	
	· · · · · · · · · · · · · · · · · · ·	Address	· · · · · · · · · · · · · · · · · · ·
	Tallahassee, FL 32301		
		City/State and Zip Code	
	fulfillment@zenbusiness.co		
		to be used for future annual report not	ification)
For further information c	oncerning this matter, please co	all:	
c/o ZenBusiness INC		844 493-6249 at ()	
Name o	f 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)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration 9		Street Address: Registration Se	ection
Registration Section Division of Corporations		Division of Co	
P.O. Box 632		The Centre of	
Tallahassee, l	FL 32314	2415 N. Monro	oe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

175 Miles to Magic LLC

2023 MAY 25 AM 8: 30

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) COUNCIARY OF STATE TALLAHASSEE, FLORIDA and assigned The Articles of Organization for this Limited Liability Company were filed on $\frac{06/28/2022}{1}$ Florida document number $\underline{1.22000291588}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Pfitzinger Travel LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) .Enter new mailing address, if applicable: (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: New Registered Office Address: Enter Florida street address

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.

City

, Florida

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
•			□ Add
			□Remove
			□Change
			□Add
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effective date is listed, the date me: If the date inserted in this l	e date of filing: sist be specific and cannot be prior to colock does not meet the applicable Department of State's records.	ate of filing or more than 90 of	tays after filing.) Put	
cord specifies a delayed effect s filed.	ve date, but not an effective time	at 12:01 a.m. on the earli	er of: (b) The 90	ith day after t
ed	, 2023			