L22000455272

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S. ROBERTS

- 3 2023

COVER LETTER.

Tallahassee, FL 32314

TO:

TO: Registration S Division of Co			
Magical V	Wanderland Studios LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	aytime Telephone Number \$60.00 Filing Fee. Certificate of Status &
Please return all corresp	condence concerning this matter	to the following:	
	Sofia Vasquez		
		Name of Person	
	ZenBusiness INC		
		Firm/Company	
	336 E. College Ave Suite	301	
		Address	
	Tallahassee, FL 32301		
	fulfillment@zenbusiness.co	City/State and Zip Code	
		to be used for future annual report noti	fication)
For further information	concerning this matter, please c	all:	
e/o ZenBusiness INC		844 493-6249 at ()	
Name	of Person	Area Code Daytim	e 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)	Certificate of Status & Certified Copy
Mailing Addre		Street Address:	
Registration Division of 0		Registration Sec Division of Cor	
P.O. Box 63		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Magical Wanderland Studios 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 $\frac{10/24/2022}{10/24/2022}$ _____ and assigned Florida document number 1.22000455272 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Magic & Wander 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 . Florida

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			□Remove
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fective date, if other than n effective date is listed, the date ote: If the date inserted in thi cument's effective date on th	must be specific and is block does not	nd cannot be prior i	to date of filing or nable statutory filin	nore than 90 days a	ptional) offer filing.) Pursuan this date will not	1 to 605.0207 be listed as
ecord specifies a delayed effe s filed.	ctive date, but no	ot an effective tir	me, at 12:01 a.m.	on the earlier of	: (b) The 90th d	ay after the
		2023				
ed			_ ·			
ned (04/17 /s/ Holly C	`oleman					

Filing Fee: \$25.00