

L23000044147

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

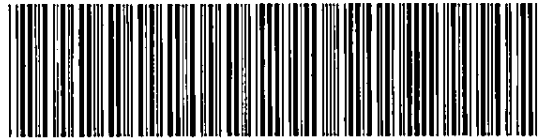
(Business Entity Name)

(Document Number)

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This letter is of acknowledgment
will be issued after the amendment has
been filed

Cellphone Number: 786 754 -4068

Return Address: 1930 NW 4th Miami FL 33125

Mannel Gonzalez

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CLERK OF STATE
TALLAHASSEE, FL

TO: Registration Section
Division of Corporations
MAGIC TEYLOR LLC

SUBJECT: _____
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:

ROBERTO MANUEL GONZALEZ DUPOTÉY

Name of Person

AMBR

Firm/Company

10825 SW 112TH AVE APT 303

Address

MIAMI, FL 33176

City/State and Zip Code

teylormagician@gmail.com

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

For further information concerning this matter, please call:

ROBERTO MANUEL GONZALEZ DUPOTÉY, 786 754-4068

Name of Person at ()
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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STATE OF FLORIDA
TALLAHASSEE, FL

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TO
ARTICLES OF ORGANIZATION
OF

MAGICTEYLOR 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 01/24/2023 and assigned
Florida document number 1.23000044147

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:

(Principal office address MUST BE A STREET ADDRESS)

1930 NW 4th St, Miami, FL 33125

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1930 NW 4th St, Miami, FL 33125

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CLERK OF STATE
TALLAHASSEE, FL

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

City

Zip Code

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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Diamela, Mateo Martinez	10825 SW 112th ave Apt 303 kendall, florida 33176	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Roberto Daniel Gonzalez	1930 NW 4th Miami FL 33125	<input type="checkbox"/> Add
		New Address	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
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2013 FEB 21 PM 12:50
CLERK OF DISTRICT COURT
MIAMI, FL

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: _____ (optional)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

02/06/2023

Dated _____, _____.

Diana de los Rios

Signature of a member or authorized representative of a member

Dianaela, Mateo Martinez.

Robert Earl Gangelmyr Deputy
or authorized representative of a member

ROBERTO MANUEL GONZALEZ DUFOREY

Typed or printed name of signee

LEGISLATIVE
TALLADESSA, FL

2023 FEB 21 PM 12:50

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