L23000073676

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
☐ PICK-UP ☐ WAIT ☐ MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600432060556

06/27/24--01018--002 **25.00

71/5/24 K4

COVER LETTER

TO: Registration Section

Division of Corporations			
) MAGIC GARAGE LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	FABIANA AUGE CORRE	ĒA	
		Name of Person	
	ALPHALINE ACCOUNT	ING SERVICES	
		Firm/Company	
	9851 NW 58 STREET UN	TT 123	
		Address	
	DORAL FL 33178		
		City/State and Zip Code	
	fabiana@alphalinetaxes.cor		
		to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all:	
Fabiana Auge Correa		305 471-0020 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	© \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration	Section	Street Address: Registration Sec	
Division of C P.O. Box 632		Division of Corporations The Centre of Tallahassee	
Tallahassee,			Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ORLANDO MAGIC SERVICES LLC		
(Name of the Limited Liability Cor (A Florida Limit	mpany as it now appears on our record ted Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Comparison document number $\frac{1.23000073676}{1.23000073676}$	any were filed on <u>92/09/2023</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
he new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	2	
Enter new mailing address, if applicable:	3050 DYER BLVD STC#240	
Mailing address MAY BE A POST OFFICE BOX)	KISSIMEE FL 34741	
Maning address Will DE 3 1 OST VICTOR WAY		
3. If amending the registered agent and/or registered offi gent and/or the new registered office address here:	ce address on our records, <u>enter</u>	r the name of the new registo
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ack're	NN .
	F l	lorida
	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 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
AMBR	LEONARDO A MOREIRA	4013 VENETIAN BAY DRIVE APT 107	□ Add
		KISSIMEE FL 34741	
			□ Change
MGRM	ORLANDO MAGIC SERVICES L	4015 VENETIAN BAY DRIVE APT 16-102	= Add
		KISSIMEE FL 34741	□Remove
			□Change
			□ Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			☐Change
			□Àdd
			: Remove
			 □Change

 	
	06/17/2024
ective date, if other than	the date of filing: (optional) must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 105 0207
te: If the date inserted in this	is block does not meet the applicable statutory filing requirements, this date will not up upice as i
rument's effective date on the	e Department of State's records.
to the state of the	ective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
scord specifies a detayed cite s filed.	the fall, but not all the fire the fall of all of the fall of the
ed	2024
ď	Signarare of operation or authorized representative of a member
Giovanni Perfetto Al	Ivarenga Moreira