## 12300096776

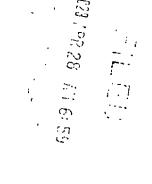
(Requestor's Name)
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A. RIVERS
JUN 1 9 2023

## **COVER LETTER**

. . .

Tallahassee, FL 32314

	istration Sec sion of Corp		·		
	SB Magic H				
SUBJECT:		Name of Lim	ited Liability Company	· <del></del>	
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspor	ndence concerning this matter	to the following:		
		Sandra Betancourth			
			Name of Person		
		SB Magic Hands LLC			
			Firm/Company		
		11582 SW Village Pkwy#	1170		
		-	Address	<u>.</u>	
		Port St. Lucie, FL 34987			
		<del> </del>	City/State and Zip Code		
		sbmagichandslle@gmail.co	m to be used for future annual r	gnort patification)	
For further in	formation co	oncerning this matter, please co		eport nonneutron,	
Isabella G. B	etancourth		+1 (56	1)908.3943	
	Name of	Person	Area Code	Daytime Telephone Number	_
Enclosed is a	check for th	e following amount:			
□ \$25.00 F	iling Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl	Certificate of	Status & y
	ling Address		Street Ad	dress: tion Section	
	gistration S vision of Co	orporations		of Corporations	
	Box 632			itre of Tallahassee	

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

SB N	Magic Hands LLC		
( <u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)		
The Articles of Organization for this Limited Liability	Company were filed on 02/22/2023	and assi	gned
lorida document number L23000096776	<del>.</del>		
nis amendment is submitted to amend the following:			
. If amending name, enter the new name of the lin	nited liability company here:		
B Magic Hands Cleaning Services LLC			
ne new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or th	e abbreviation "L.I	C."
nter new principal offices address, if applicable:		<u>-</u> .	
Principal office address MUST BE A STREET ADD	PRESS)		
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
	<del></del>		
		2022	
. If amending the registered agent and/or register	ed office address on our records, enter the n	ame of the new	registe
gent and/or the new registered office address here:		: P2	
		28	Γ-
Name of New Registered Agent:			1
		7 <del>-</del>	سب. سبد
New Registered Office Address:	Enter Florida street address	<u> </u>	
	. Florida		
	, 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.

City

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
AMBR	Sandra P. Betancourth	11582 SW Village Pkwy #1170	<b>≅</b> Add
		Port St. Lucie, FL 34987	🗀 Remove
			Change
			□Remove
			□Change
	<del> </del>		
			□Remove
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			□Add
			Remove
			□Change

Effective date, if other than the date of filing:  [an effective date, if other than the date of filing:  [an effective date is listed, the date must be specifie and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 02 Note:  [an effective date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed adocument's effective date on the Department of State's records.  [a record specifies a delayed effective date, but not an effective time, at 12.01 a.m. on the earlier of: (b) The 90th day after the dis filed.  [a date of the date of a member of authorized representative of a member of the date of the date of a member of a member of a member of a member of the date o	FEI/EIN	Number: 92-2492653	
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Sandra P. Betancourth Technical Governor Al		Typed or printed name of signee	<u>Setancoual</u>

Filing Fee: \$25.00