

L23 0000 96776

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

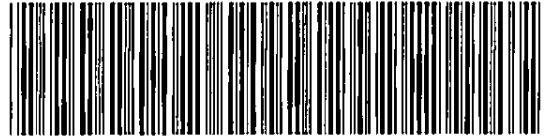
(Business Entity Name)

(Document Number)

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02/09/24--01022--020 \*\*30.00

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2024 FEB -9 PM 3:35  
CLERK OF DISTRICT COURT  
JACKSONVILLE, FL

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SB MAGIC HANDS CLEANING SERVICES LLC

\_\_\_\_\_  
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:

Isabella G. Betancourth

\_\_\_\_\_  
Name of Person

SB MAGIC HANDS CLEANING SERVICES LLC

\_\_\_\_\_  
Firm/Company

11582 SW VILLAGE PKWY # 1170

\_\_\_\_\_  
Address

PORT ST. LUCIE, FL 34987

\_\_\_\_\_  
City/State and Zip Code

isayparis@icloud.com

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

For further information concerning this matter, please call:

Isabella G. Betancourth

561 908-3943  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime 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)

☐ \$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

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

SB MAGIC HANDS CLEANING SERVICES 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 02/22/2023 and assigned  
Florida document number L23000096776.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

SB MAGIC HANDS COMPLETE SERVICES LLC

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)**

11582 SW VILLAGE PKWY # 1170

PORT ST. LUCIE, FL 34987

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

11582 SW VILLAGE PKWY # 1170

PORT ST. LUCIE, FL 34987

**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:

NIA

New Registered Office Address:

NIA

Enter Florida street address

NIA

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.*

NIA

**If Changing Registered Agent, Signature of New Registered Agent**

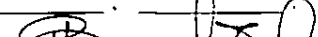
**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

[illegible]

Dated FEB 05 2024



Signature of a member or authorized representative of a member

Isabella G. Betancourth

Typed or printed name of signee