

L23000158200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

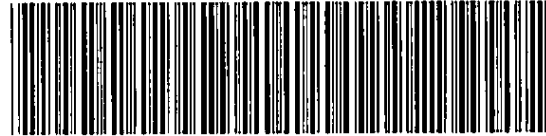
(Business Entity Name)

(Document Number)

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2023 JUN 20 PM 2:38
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2023 JUN 20 AM 8:44
TALLAHASSEE, FLORIDA

JUN 24 2023

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

MAG CH LLC

Please Debit FCA000000003 For: 25

Thank you Seth Neeley



Signature

Requested by: SETH

06/20/23

Name

Date

Time

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Will Pick Up

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____ Art of Inc. File _____
____ LTD Partnership File _____
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____ Art. of Amend. File _____
____ RA Resignation _____
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____ Annual Report / Reinstatement _____
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____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
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____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MAG CH 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:

Louis A. Supraski

Name of Person

Louis A. Supraski, P.A.

Firm/Company

16666 NE 19th Ave, Suite 113

Address

North Miami Beach, FL 33162

City/State and Zip Code

supraski@supraskilaw.com

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

For further information concerning this matter, please call:

Louis A. Supraski

305 792-0060
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input 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

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

2023 JUN 20 AM 8:14

MAG CH 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 03/29/2023 and assigned
Florida document number L23000158200.

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:

1575 -2 Parkwood Street

(Principal office address MUST BE A STREET ADDRESS)

Jacksonville, FL 32207

Enter new mailing address, if applicable:

P.O. Box 56855

(Mailing address MAY BE A POST OFFICE BOX)

Jacksonville, FL 32241

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:

Divco Company

New Registered Office Address:

1575 -2 Parkwood Street

Enter Florida street address

Jacksonville

City

, Florida 32207

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.

DocuSigned by:

Tom Delahanty for Divco Company

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Type of Action</u>
MGR	Cohen, Maxine	9133 R.G. Skinner Parkway	<input type="checkbox"/> Add
		Jacksonville, FL 32256	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Cohen, Maxine	1575 -Parkwood Street	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32207	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the 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 record is filed.

Signature of a member

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00