## L2300040405

	(Requestor's Name)						
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## **COVER LETTER**

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Tallahassee, FL 32314

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e enclosed Articles of .	Amendment and fee(s) are sub	omitted for filing.	
case return all correspo	ndence concerning this matter	to the following:	
	Wuili	may Varela	
	u	Pulmay Varela	· .
	6827 Part	ridge In Sui	te E.
	Orlando-	FL 32807 City/State and Zip Code  Varela @ 6 mai To be used for future annual report notif	<del></del>
	Wuilma E-mail address:	Varela @ 6 mail.	Com hcation)
r further information co	oncerning this matter, please c	all:	
Wuilm Name of	nay Varela Person	at (959) 593 Area Code Dayting	26596 e Telephone Number
closed is a check for th	e 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 S		Street Address: Registration Sec	ction
Division of C P.O. Box 632	orporations	Division of Cor The Centre of T	porations
A TO LOOK OUT	•	inc control i	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

			_
Magic King	dom kids Selvice ted Liability Company as it now apper (A Florida Limited Liability Company)	es LLC	· 27 / 11 4 193
•	(A Florida Limited Liability Company)		,*
ne Articles of Organization for this Limited L Orida document number <u>L23 000 46</u>		08/28/2023	3_ and assigned
is amendment is submitted to amend the following	lowing:		
If amending name, enter the new name of	of the limited liability company b	iere:	
e new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the ab	breviation "L.L.C."
iter new principal offices address, if applic	rahla∙		
rincipal office address MUST BE A STREI			
methal office data ess most be A STREE	T AIDINEANY	· · · · · · · · · · · · · · · · · · ·	
	<del></del>		
iter new mailing address, if applicable:	DOM		
failing address MAY BE A POST OFFICE	<u> </u>		
If amending the registered agent and/or tent and/or the new registered office addre	0	records, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:	Mayassar th	arwat Nas	226 L
New Registered Office Address:	Mayassar Th 6827 Partridge	Ln SviTe E orida street address	
	Orlando	Florida	32807
	City		Zip Code

w Registered Agent's Signature, if changing Registered Agent:

ereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and expt the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability mpany has been notified in writing of this change.

Mayassa J. Nasser If Changing Registered Agent, Signature of New Registered Agent amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

1GR = Manager MBR = Authorized Member

	<u>Name</u>	Address	Type of Action
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