

L23000469861

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

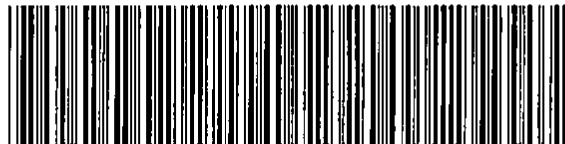
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900418867159

11/15/23--01003--013 **25.00

KH
12/4/23

STATE
TALLAHASSEE, FL

2023 NOV 15 AM 10:00

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAGESTAT GROUP 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:

Susana E. Vega, CPA

Name of Person

Vega & Company CPAs, P.A.

Firm/Company

2724 Ponce de Leon Blvd.

Address

Coral Gables, FL 33134-6005

City/State and Zip Code

SUSY@SEVEGACPAS.COM

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

For further information concerning this matter, please call:

Susana E. Vega

Name of Person

305 400-9550
at () 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

FILED
2023 NOV 15 AM 10:00
TALLAHASSEE, FL
SECRETARY OF STATE

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

MAGESTAT GROUP 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 10/12/2023 and assigned
Florida document number 1.23000469861.

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:

2724 Ponce De Leon Blvd

(Principal office address MUST BE A STREET ADDRESS)

Coral Gables, FL 33134-6005

Enter new mailing address, if applicable:

c/o Vega & Company CPAs

(Mailing address MAY BE A POST OFFICE BOX)

2724 Ponce De Leon Blvd

Coral Gables, FL 33134-6005

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:

Vega & Company, CPA's P.A.

New Registered Office Address:

2724 Ponce de Leon Blvd

Enter Florida street address

Coral Gables

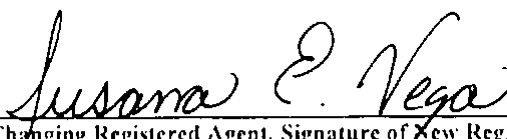
Florida

City

FILED
2023 NOV 15 AM 10:00
SECRET
FILE
33134-6005
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.


Susana P. Vega
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	CARRANZA NORIEGA, MAGDA E.	9070 REFLECTION POINTE DR	<input type="checkbox"/> Add
		WINDERMERE, FL 34786 UN	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LERIDA PARKINSON, ENRIQUE	9070 REFLECTION POINTE DR	<input type="checkbox"/> Add
		WINDERMERE, FL 34786 UN	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ESCUDERO TORRES, RICARDO	9070 REFLECTION POINTE DR	<input type="checkbox"/> Add
		WINDERMERE, FL 34786 UN	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CARRANZA NORIEGA, MAGDA E.	C. LIZARDO ALZAMORA OESTE 121, DEPT 401	<input checked="" type="checkbox"/> Add
		SAN ISIDRO, LIMA 15073, PERU	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LERIDA PARKINSON, ENRIQUE	C. LIZARDO ALZAMORA OESTE 121, DEPT 401	<input checked="" type="checkbox"/> Add
		SAN ISIDRO, LIMA 15073, PERU	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ESCUDERO TORRES, RICARDO	CARRERA 7 , NRO 32-29 , PISO 29	<input checked="" type="checkbox"/> Add
		BOGOTA, 110111 COLOMBIA	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2023 NOV 19 AM 10:00
 SYSTEM
 STATE FL

2013 NOV 15
SIO
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08-20-2013 BY 60322 UCBAW

2023 NOV 15 AHIO: 00

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

f 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.

Dated NOVEMBER 1, 2023

Signature of a

Signature of a member or authorized representative of a member

ENRIQUE LERIDA PARKINSON

Typed or printed name of signee