## L24 000031717

(Requestor's Name)
(Address)
(Address)
(1001000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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## **COVER LETTER**

TO: Registration S Division of Co			* •
SUBJECT: Magi	C Don Cleaning	nited Liability Company	<del>-, _,</del>
	Amendment and fee(s) are sub		
Please return all corresp	ondence concerning this matter	to the following:	
	Alexandre	BCBC Name of Person	
		n Cleaning SCrvic Firm/Company	
		1m YESERKE BIVD Address	
	Parenport Practice 2 mark	City/State and Zip Code	
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report notific	Mail: Com ation)
		at ( <u>786) 698 - 02</u> Area Code Daytime T	2024 FAR 27 TALLA VAN Celephone Number
Name c	of Person	Area Code Daytime T	Telephone Number 27 RH U
Enclosed is a check for t	he following amount:		三
区 \$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 Addres		<u>Street Address:</u>	
Registration 5		Registration Secti	
Division of C P.O. Box 632	•	Division of Corpo The Centre of Tal	
Tallahassee, l		2415 N. Monroe S	

Tallahassee, FL 32303



March 7, 2024

ALEXANDRE BEBE 350 FELTRIM RESERVE BLVD DAVENPORT, FL 33237

SUBJECT: MAGIC DON CLEANING SERVICES LLC

Ref. Number: L24000031717

We have received your document for MAGIC DON CLEANING SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 324A00004981

SHANTELL BROWN Regulatory Specialist II

www.sunbiz.org

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Magic Don (Name of the Limite)	Clanux; 4/188 LLC d Liability Company as it now appears on A Florida Emited Liability Company)	our records.)	<del></del> .
	A Florida Elmited Liability Company)	<del></del>	
The Articles of Organization for this Limited Lia	bility Company were filed on	16/2024 a	nd assigned
Florida document number <u>L2400031</u>	<del>/1 /</del> .		
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability company here:		
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the design	ation "LLC" or the abbreviat	ion "L.L.C."
Enter new principal offices address, if applica		<u> </u>	<del></del>
(Principal office address MUST BE A STREET	ADDRESS)		
			20
		700 700	21
Enter new mailing address, if applicable:		巨哥	AR
(Mailing address MAY BE A POST OFFICE B	<u></u>	13	2
			= 111
B. If amending the registered agent and/or reg	gistered office address on our record	ds, enter the name of th	 se n <b>su</b> : registered
agent and/or the new registered office address	here:	turi erre	ie iki registereu
Name of New Registered Agent:	Alexandre Besc		
New Registered Office Address:			
	Enter Florida st	reet address	
		, Florida	
	City		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.

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>	Address	Type of Action
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it an effective date Note: If the dat	if other than the date is listed, the date must be s e inserted in this block of ctive date on the Depart	jeeine and cannot be loes not meet the ap	prior to date of fitting of opticable statutory fill	more man 20 cays o	ptional) ifter filing.) Pursuant i this date will not b	to 605.02 e listed
e record specifie rd is filed.	s a delayed effective dat	e, but not an effecti	ve time, at 12:01 a.m	on the earlier of	(b) The 90th day	y after th
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Dated	117 Road	<u>/i</u>	<del></del> ·			
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Filing Fee: \$25.00