

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC
Account Number : I20160000067
Phone : (407)370-3686
Fax Number : (407)370-3120

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: mayra@larsonacc.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LIAH MAGIC HOMES LLC

Certificate of Status	0
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OCT 17 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LIAH MAGIC HOMES 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:

MAYRA CHAGAS

Name of Person

LARSON ACCOUNTING GROUP

Firm/Company

7901 KINGSPORTE PKWY, STE 17

Address

ORLANDO, FL 32819

City/State and Zip Code

MAYRA@LARSONACC.COM

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

For further information concerning this matter, please call:

LIAH MAGIC HOMES LLC at (407) 370-3686
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" 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

If appending 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>
AMBR	KLOTZ TRISTAO, HUMBERTO	3185 YELLOW LANTANA LN	<input type="checkbox"/> Add
		KISSIMMEE FL 34747	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	TRISTAO RODRIGUEZ, LIZ	3185 YELLOW LANTANA LN	<input type="checkbox"/> Add
		KISSIMMEE FL 34747	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	PEREIRA ROSEIRA, ANTONIO	3185 YELLOW LANTANA LN	<input type="checkbox"/> Add
		KISSIMMEE FL 34747	<input type="checkbox"/> Remove
			<input checked="" 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