

L24 000140268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

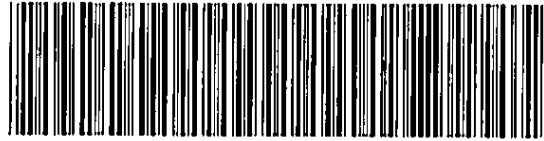
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JULY 24 PM 3:01

WILMINGTON, FLORIDA

R. HUNT

07/24/24

PM 3:02

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160: \$ 25.00

AUTHORIZATION SIGNATURE: [Signature]

Magic Razor LLC L24000140268

BUSINESS ( Name)

Document #

\_\_\_ Walk in

\_\_\_ Pick up time

\_\_\_ Mail out

\_\_\_ Will wait

\_\_\_ Photocopy

\_\_\_ Certified Copy

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**NEW FILINGS**

\_\_\_ Profit

\_\_\_ Not for Profit

\_\_\_ Limited Liability

\_\_\_ Domestication

\_\_\_ CORP

\_\_\_ LLLP

\_\_\_ INC

**AMMENDMENTS**

X Amendment

\_\_\_ Resignation of Officer/Director

\_\_\_ Change of Registered Agent

\_\_\_ Dissolution/Withdrawal

\_\_\_ Merger

\_\_\_ Conversion

**OTHER FILINGS**

\_\_\_ Annual Report

\_\_\_ Fictitious Name Cancel

\_\_\_ APOSTIL ( )  
Country

**REGISTRATION/QUALIFICATIONS**

\_\_\_ Foreign Filing

\_\_\_ Limited Partnership

\_\_\_ Dissolution/\_ Reinstatement/Revocation

\_\_\_ Trademark

\_\_\_ Other

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Magic Razor 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:

Norberto Benitez

\_\_\_\_\_  
Name of Person

Razor Sharp Cutz

\_\_\_\_\_  
Firm/Company

467 Plaza Drive

\_\_\_\_\_  
Address

Fustis, FL 32726

\_\_\_\_\_  
City/State and Zip Code

Benitez92410@yahoo.com

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

For further information concerning this matter, please call:

Lisa Benitez

618

660-4268

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
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

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

MAGIC RAZOR 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 03/14/2024 and assigned  
Florida document number L24000140268.

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:

(Principal office address MUST BE A STREET ADDRESS)

467 Paza Drive  
Eustis, FL 32726

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_

City

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.*

If Changing Registered Agent, Signature of New Registered Agent

[illegible]

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

I need to add EIN# 99-1682458 to MAGIC RAZOR LLC.

I need to amend Principle Address to 467 Paza Drive Eustis, FL 32726

DBA Razor Sharp Cutz

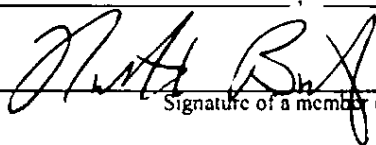
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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.

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.

Dated 23rd of May, 2024



Signature of a member or authorized representative of a member

Norberto Benitez

Typed or printed name of signee