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## **COVER LETTER**

to the section of the section

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT: MI	AGNIFICO	29 LLC	
	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fec(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
•	J	J	
	JIM DV	ORKIN	
		Name of Person	
	<del></del>	Firm/Company	
	17201 CC	Address AVE	APT 2405
		Address	
	SUNNY I	City/State and Zip Code  VILON CON  to be used for future annual report not	-1. 33160
	7	City/State and Zip Code	
	JIM & DI	YVILON. CON	1
	E-mail address: (	to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	
JIM DV	GRKIN	510 12	14172
Name of	of Person	at (510) 33 Area Code Daytin	ne Telephone Number
		, ,	
Enclosed is a check for t			
☐ \$25.00 Filing Fec	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &
	Commond of Charas	(additional copy is enclosed)	Certified Copy
			(additional copy is enclosed)
Mailing Addre	ss:	Street Address:	
Registration	Section	Registration Se	
Division of C		Division of Co	
P.O. Box 632	<u>4</u> 1	The Centre of T	i ananassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Company were filed on Florida document numberL_ZYOOO169787	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company her MAGNIFICO 222 LLC	_
he new name must be distinguishable and contain the words "Limited Liability Company," the de-	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2024
Principal office address MUST BE A STREET ADDRESS)	
	<u>γ</u>
Enter new mailing address, if applicable:	-D 111
Mailing address MAY BE A POST OFFICE BOX)	<u>ं</u>
3. If amending the registered agent and/or registered office address on our re	cords, enter the name of the new regis
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	

## 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

Zip Code

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

Title	<u>Name</u>	Address	Type of Action
			DAdd
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
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			Change

D. II ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe <u>Note:</u> I	ctive date, if other than the date of filing:  (optional)  ctive 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) of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nt's effective date on the Department of State's records.
If the record record is file	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
Dated _	07/17/2024.
	Signature of a member or authorized representative of a member
	JIM DVORKIN

Typed or printed name of signee