

**L24000207733**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

From:  
Account Name : ALL7 SERVICE LLC  
Account Number : I20240000077  
Phone : (407)970-8143  
Fax Number : (689)218-0977

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

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MAGNA OPERA LLC**

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$30.00

M. SOLOMON

JUN 14 2024

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Corporate Filing Menu

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

MAGNA OPERA 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 04/10/2024 and assigned  
Florida document number L24000171440.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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:**

7901 4th St N STE 300

**(Principal office address MUST BE A STREET ADDRESS)**

St. Petersburg, FL 33702

**Enter new mailing address, if applicable:**

501 S KIRKMAN RD, PO BOX 617568

**(Mailing address MAY BE A POST OFFICE BOX)**

ORLANDO, FLORIDA 32811

**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:**

Registered Agents Inc

**New Registered Office Address:**

7901 4th St N STE 300

*Enter Florida street address*

St. PetersburgFlorida 33702

*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.*

*David Roberts*

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>
N/A	N/A	N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

24 JUN 2024 14:00  
ALL7 SERVICE LLC  
6892180977

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

**We are amending and changing the business and mailing address. We are also changing the Registered Agent.**

26 JUL 1962

...

**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 Orlando, FL 06/13/2024

Fabio de Oliveira e Silva

Signature of a member or authorized representative of a member

Fabio de Oliveira e Silva

Typed or printed name of signee

**Filing Fee: \$25.00**