11000136151

(Red	questor's Name))
(Add	dress)	
(Ádc	dress)	 -
(City	//State/Zip/Phon	ne #)
	WAIT	MAIL
(Bus	siness Entity Na	me)
(Doc	cument Number)
Certified Copies	Certificate	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only



200438742522

10/29/24--01018--019 **25.00

FILED

024 OCT 29 AM IO: 15

SECRETARY OF STATE
ALLABORELE, FLORIDA

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co				
DEC COS	NSTRUCTION MAGIC VILLA	AGE LLC		
30 b 32C1.	Name of Lin	nited Liability Company		
The enclosed Articles o	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	oondence concerning this matter	to the following:		
	Bruce C. Myrick			
		Name of Person	-	
		Firm/Company		
	7749 Minnie Rouse Lane			
		Address		
	Orlando, Florida 32835			
	bruce@decbuilds.com	City/State and Zip Code		
	E-mail address: (to be used for future annual report n	otification)	
For further information	concerning this matter, please c	all:		
George Dennison		407 7207441 at ()		
Name	of Person		ime 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 Addre Registration		Street Address:	Paction	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 63:	27	The Centre of	Tallahassee	

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DEC CONSTRUCTION MAGIC VILLAGE 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 October 11, 2024 ____ and assigned Florida document number 1.24000436951

This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	lity Company," the designation "L.L.C." 2024 OCT 29 AH OCT 20 AH
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	7 7 7 7 7 7 7 9 1 1 1 1 1 1 1 1 1 1
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida

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.

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR Moana Schiavo		7901 Kingspointe Pkwy, Ste. 10	□ Add
		Orlando, Florida 32835	= n
			□Change
			Remove
			□Change
			□Add
			□Remove
		·	□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Remove
			CiChanna

							_
							_
			<u> </u>				_
_		<u> </u>					_
							_
							_
					·	 -	_
							_
							_
		<u> </u>				<u></u>	_
						<u></u>	_
	_	_		<u> </u>			_
							_
				<u> </u>			
							_
							_
				·			_
Effective date, if other than the	date of filir	ng:		_	(optiona	ıl)	
f an effective date is listed, the date must Note: If the date inserted in this blo	be specific ar ock does not	nd cannot be pric meet the appli	or to date of filin cable statutory	g or more than 9 v filing require	0 days after fili ments, this da	ng.) Pursuant to 60 ite will not be lis)5.0207 - sted as 1
document's effective date on the De	partment of	State's record	s.				
e record specifies a delayed effective d is filed.	date, but no	ot an effective	time, at 12:01	a.m. on the ea	rlier of: (b)	The 90th day aft	er the
October 18		2024					
Dated		• • ——	 •				
Jated	>-						
Dated							
	Signature of a	a member or auth	norized represer	ntative of a mem	ber		