

12/10/24, 8:55 AM

Division of Corporations

L240004058133

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000405813 3)))



H240004058133ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : INCFILE.COM LLC
Account Number : I20220000070
Phone : (888)462-3453
Fax Number : (877)919-2613

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

Email Address: EFILE1234@INCFILE.COM

RECEIVED

2024 DEC 10 AM 11:36

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN:

CARTUN NETWORK LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CARTUN NETWORK 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:

LOVETTE DOBSON

Name of Person

17350 STATE HWY 249 STE 220

Firm/Company

Address

HOUSTON, TX 77064

City/State and Zip Code

EFILE1234@INCFIL.COM

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

For further information concerning this matter, please call:

LOVETTE DOBSON

1 888-462-3453
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

CARTUN NETWORK 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 12/05/2024 and assigned
Florida document number 124000507546.

This amendment is submitted to amend the following:

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

MAGNO NETWORK LLC

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)

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

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>
			<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
			<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

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

1. Introduction
 2. Background
 3. Methodology
 4. Results
 5. Conclusion
 6. References
 7. Appendix
 8. Figure 1
 9. Figure 2
 10. Figure 3
 11. Figure 4
 12. Figure 5
 13. Figure 6
 14. Figure 7
 15. Figure 8
 16. Figure 9
 17. Figure 10
 18. Figure 11
 19. Figure 12
 20. Figure 13
 21. Figure 14
 22. Figure 15
 23. Figure 16
 24. Figure 17
 25. Figure 18
 26. Figure 19
 27. Figure 20
 28. Figure 21
 29. Figure 22
 30. Figure 23
 31. Figure 24
 32. Figure 25
 33. Figure 26
 34. Figure 27
 35. Figure 28
 36. Figure 29
 37. Figure 30
 38. Figure 31
 39. Figure 32
 40. Figure 33
 41. Figure 34
 42. Figure 35
 43. Figure 36
 44. Figure 37
 45. Figure 38
 46. Figure 39
 47. Figure 40
 48. Figure 41
 49. Figure 42
 50. Figure 43
 51. Figure 44
 52. Figure 45
 53. Figure 46
 54. Figure 47
 55. Figure 48
 56. Figure 49
 57. Figure 50
 58. Figure 51
 59. Figure 52
 60. Figure 53
 61. Figure 54
 62. Figure 55
 63. Figure 56
 64. Figure 57
 65. Figure 58
 66. Figure 59
 67. Figure 60
 68. Figure 61
 69. Figure 62
 70. Figure 63
 71. Figure 64
 72. Figure 65
 73. Figure 66
 74. Figure 67
 75. Figure 68
 76. Figure 69
 77. Figure 70
 78. Figure 71
 79. Figure 72
 80. Figure 73
 81. Figure 74
 82. Figure 75
 83. Figure 76
 84. Figure 77
 85. Figure 78
 86. Figure 79
 87. Figure 80
 88. Figure 81
 89. Figure 82
 90. Figure 83
 91. Figure 84
 92. Figure 85
 93. Figure 86
 94. Figure 87
 95. Figure 88
 96. Figure 89
 97. Figure 90
 98. Figure 91
 99. Figure 92
 100. Figure 93
 101. Figure 94
 102. Figure 95
 103. Figure 96
 104. Figure 97
 105. Figure 98
 106. Figure 99
 107. Figure 100
 108. Figure 101
 109. Figure 102
 110. Figure 103
 111. Figure 104
 112. Figure 105
 113. Figure 106
 114. Figure 107
 115. Figure 108
 116. Figure 109
 117. Figure 110
 118. Figure 111
 119. Figure 112
 120. Figure 113
 121. Figure 114
 122. Figure 115
 123. Figure 116
 124. Figure 117
 125. Figure 118
 126. Figure 119
 127. Figure 120
 128. Figure 121
 129. Figure 122
 130. Figure 123
 131. Figure 124
 132. Figure 125
 133. Figure 126
 134. Figure 127
 135. Figure 128
 136. Figure 129
 137. Figure 130
 138. Figure 131
 139. Figure 132
 140. Figure 133
 141. Figure 134
 142. Figure 135
 143. Figure 136
 144. Figure 137
 145. Figure 138
 146. Figure 139
 147. Figure 140
 148. Figure 141
 149. Figure 142
 150. Figure 143
 151. Figure 144
 152. Figure 145
 153. Figure 146
 154. Figure 147
 155. Figure 148
 156. Figure 149
 157. Figure 150
 158. Figure 151
 159. Figure 152
 160. Figure 153
 161. Figure 154
 162. Figure 155
 163. Figure 156
 164. Figure 157
 165. Figure 158
 166. Figure 159
 167. Figure 160
 168. Figure 161
 169. Figure 162
 170. Figure 163
 171. Figure 164
 172. Figure 165
 173. Figure 166
 174. Figure 167
 175. Figure 168
 176. Figure 169
 177. Figure 170
 178. Figure 171
 179. Figure 172
 180. Figure 173
 181. Figure 174
 182. Figure 175
 183. Figure 176
 184. Figure 177
 185. Figure 178
 186. Figure 179
 187. Figure 180
 188. Figure 181
 189. Figure 182
 190. Figure 183
 191. Figure 184
 192. Figure 185
 193. Figure 186
 194. Figure 187
 195. Figure 188
 196. Figure 189
 197. Figure 190
 198. Figure 191
 199. Figure 192
 200. Figure 193
 201. Figure 194
 202. Figure 195
 203. Figure 196
 204. Figure 197
 205. Figure 198
 206. Figure 199
 207. Figure 200
 208. Figure 201
 209. Figure 202
 210. Figure 203
 211. Figure 204
 212. Figure 205
 213. Figure 206
 214. Figure 207
 215. Figure 208
 216. Figure 209
 217. Figure 210</

E. Effective date, if other than the date of filing: _____ (optional)

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 6405.0207 (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 December 10th 2024

Signature of a member or authorized representative of a member

Tomas Mayedo Fernandez

Typed or printed name of signee

Filing Fee: \$25.00