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Office Use Only



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COVER LETTER

Registration Section

Tallahassee, Fl. 32314

TO:

Division of Cor	porations		
	CANT ART & FAITH LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Laura Senciales		
		Name of Person	
	Solades Services Inc		
		Firm/Company	·- <u>-</u>
	854 NW 87 Ave, apto 207		
		Address	
	Miami, F1, 33172		
		City/State and Zip Code	
	soladesine@gmail.com		
		to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	all:	
		786 537-1839 at ()	
Name of Person		at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filling Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration Section		Registration Section Division of Corporations	
Division of Corporations P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAGNIFICANT ART & FAITH LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	는 전 6 - 5 - 다
The Articles of Organization for this Limited Liability Company were filed on 06/06/2025 and a factorida document number L25000266298.	ssigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
MAGNIFICAT ART AND FAITH 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	ew registered
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florala 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.

Cuy

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>	<u>Address</u>	Type of Action
			□Remove
			□ Change
			🖸 Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove

The correct form it should d	splay is: Leivy Rodriguez Salgado	

<u> </u>		
	,	
<u>-</u> -	_	
	-	
		
in effective date is listed, the date mo ote: If the date inserted in this booting the date on the li-	date of filing: st be specific and cannot be prior to date of filing or more than 90 do ock does not meet the applicable statutory filing requirement appropriate of State's records. The date, but not an effective time, at 12:01 a.m. on the earlier	ints, this date will not be listed as
, August, 1st	2025	7 <u>A:</u> :
ated	(a)()	2025 AUG 22 ALLAHASSE
		LAHAS
	Assembly and the second	0.
	Signature of a member or authorized representative of a member	(n · N)

Filing Fee: \$25.00