M17000004435

(Re	equestor's Name)
(,	
(Ad	idress)
(Ad	ldress)
(Cit	ty/State/Zip/Phone #)
· ·	, , , ,
PICK-UP	WAIT MAIL
(Bu	isiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer.
FILE	
File	st
fil.	-
	Office Use Only



FILED FILED 17 SEP -7 AN ID: ST SECRETARY OF STATE TALLAHASSEE, FLORIDA

淘11 SEP

4

PM 4: 32

۰,

:

ALLAND SEE, CLORDA

S. WARREN SEP 1 3 2017

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : 799635 4311863 AUTHORIZATION : The hor have men COST LIMIT : \$ 55.00 _____ ORDER DATE : September 7, 2017 ORDER TIME : 12:44 PM ORDER NO. : 799635-010 CUSTOMER NO: 4311863 FOREIGN FILINGS

14 E

*

filefirst

- 🥶 🔬 🖽

p,

NAME: MAGIC MONEY, LLC

 CORPORATE

 LIMITED PARTNERSHIP

 XXX
 LIMITED LIABILITY COMPANY

_ . ____. . .

2

. . .

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XXX CERTIFIED COPY _____ PLAIN STAMPED COPY _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

COVER LETTER

• TO: ---- Registration Section Division of Corporations

SUBJECT: Magic Money, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ivy M. Shapiro

Name of Person

Blank Rome LLP

Firm/Company

One Logan Square

Address

Philadelphia, PA 19103

City/State and Zip Code

Brett@magicmoney.com

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

For further information concerning this matter, please call:

Brett Enright

at (<u>323</u>) 804-7385

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount: \$25 Filing Fee \$30 Filing Fee &

Certificate of Status

Certified Copy

\$60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Magic Money, LLC			
Enter new principal office address, if applicable:	5380 Gulf of Mexico Drive, Suite 105		
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)	Longboat Key, FL 34228		
Enter new mailing address, if applicable: (Mailing address	5380 Gulf of Mexico Drive, Suite 105		
<u>MAY BE A POST OFFICE BOX</u>)	Longboat Key, FL 34228		
2. The Florida document number of this limited lia	ability company is: M17000004425		
3. Jurisdiction of its organization: Delaware			
4. Date authorized to do business in Florida: 05	/24/2017		
SECTION II (5-9 complete only the applicable 5. New name of the limited liability company: $\frac{\Lambda}{mus}$	changes) Aagic Money Holdings, LLC st contain "Limited Liability Company, " "L.L.C.," or "LLC.")		
	d for the purpose of transacting business in Florida and attach a anaging members adopting the alternate name. The alternate name C." or "LLC.")		
6. If amending the registered agent and/or register registered agent and/or the new registered office a	ed officer address on our records, <u>enter the name of the new</u>		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida Street Address		
	City Zip Conte		
New Registered Agent's Signature, if changing Ro I hereby accept the appointment as registered age	egistered Agent: ent and agree to act in this capacity. I further agree to comply with a 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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

.

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Title/ Capacity	Name	Address	Type of Action
Mgr	Michael Augins	5380 Gulf of Mexico Drive, Suite 105, Longbo	at Key, FL 34228
			Remove
			Add
			Remove
			Add
			Remove
-100			Add
			Remove
	·		Add
			Remove
aforemention	Brett Enright,	y the official having custody of reconnected.	FILED 17 SEP -7 AN IO: 57 SECRETARY OF STATE TALLAHASSEE, FLORID in th

Filing Fee: \$25.00

. .

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "MAGIC MONEY, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "MAGIC MONEY HOLDINGS, LLC" ON THE SEVENTH DAY OF SEPTEMBER, A.D. 2017, AT 12:46 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.



Page 1

Authentication: 203181556 Date: 09-07-17

6416431 8320 SR# 20176058091

You may verify this certificate online at corp.delaware.gov/authver.shtml