





TO  
**ARTICLES OF ORGANIZATION**  
OF **FILED**

MAGIC EVENT PLANNING LLC

2023 NOV 12 PM 12: 54

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company) **FLORIDA STATE**  
**TALLAHASSEE, FL**

The Articles of Organization for this Limited Liability Company were filed on 09/11/20 and assigned  
Florida document number L20000284471.

This amendment is submitted to amend the following:

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

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 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**

of removed from our records.

MGR = Manager  
AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of A</u>
MGR	DORIS M ORTIZ DE PINTO	1600 NW 128TH DR, APT. 102, SUNRISE, FL 33323 SECRETARY OF STATE TALLAHASSEE, FL	<input checked="" type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

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SECRETARY OF STATE  
TALLAHASSEE, FL

Multiple horizontal lines for amending information.

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 605.1

**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 record is filed.

Dated OCT 29TH 2020

Signature of a member or authorized representative of a member

STEPHANIE PINTO ORTIZ

Typed or printed name of signee