L20000284471

(Red	questor's Name)	
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(City	/State/Zip/Phon	ie #)
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	EVENT PLANNING LLC		4		
Name of Limited Liability Company					
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
	STEPHANIE PINTO ORT	ΊΖ			
		Name of Person			
	MAGIC EVENT PLANNI	NG LLC			
		Firm/Company			
	1600 NW 128TH DR APT	102			
		Address			
	SUNRISE, FL 33323				
	<u> </u>	City/State and Zip Code			
	magic.eventplanner4@gma				
	E-mail address; (to be used for future annual report not	tification)		
For further information	concerning this matter, please c	all:			
STEPHANIE PINTO ORTIZ		954 4877628 at ()			
Name	of Person	Area Code Daytir	ne 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 Addr Registration Division of P.O. Box 61 Tallahassee	Section Corporations 327	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro	rporations		

Tallahassee, FL 32303

Registration Section Division of Corporations

TO:

ARTICLES OF ORGANIZATION OF LED

MAGIC EVENT PLANNING LLC

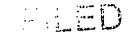
company has been notified in writing of this change.

2023 NOV 12 PM 12: 54

(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our reco	ords.)
	TALL	经减多基本股份
The Articles of Organization for this Limited Liability Company	were filed on $\frac{09/11/20}{2}$	and assig
Florida document number <u>L20000284471</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L	LC" 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)		
induing dualess MATT DE ATTOST OF THE BONY		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>ent</u>	er the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	lress
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties,	and I am familiar with
being filed to merely reflect a change in the registered office	address, I hereby confirm	that the limited liability

or removed from our records.

MGR = Manager AMBR = Authorized Member



<u>Title</u>	<u>Name</u>	Address 2023 NOV 12 PH 12: 54 Type of
MGR	DORIS M ORTIZ DE PINTO	
		1600 NW 128TH DR, APT 102, SUNRISE, FL 33323 SAUNCE AND AND AND ADDRESS OF
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	SACRUCES OF STATE
	FLAR WORLE, FL
Iffective date, if other than the date of filing: an effective date is listed, the date must be specific and car Note: If the date inserted in this block does not meet locument's effective date on the Department of States.	(optional) mot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 the applicable statutory filing requirements, this date will not be lise's records.
record specifies a delayed effective date, but not an I is filed.	effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
rated	020
Signature of a men	iber or authorized representative of a member
STEPHANIE PINTO ORTIZ	
Ty	ped or printed name of signee