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SECRETARY OF STATE
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

# Magnolia Florida Consulting Group, 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:

# Brian Cirillo Name of Person Magnolia Advisors, LLC Firm/Company 558 W. New England Ave. Suite 250 Address Winter Park, FL 32789 City/State and Zip Code brian.cirillo@magnoliaadvisors.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian Cirillo	)	407 <sub>1</sub>	335-4746
Name o	of Person	Area Code	Daytime Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing For Certified Copy (additional copy is	Certificate of Status &

MAILING ADDRESS:

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

### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Magnolia Florida Consulting C				
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)			
The Articles of Organization for this Limited Liability Co. Florida document number L1000052319	ompany were filed on <u>5/14/2010</u>	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ted liability company here:			
The new name must be distinguishable and end with the words "Lin	nited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	·	<b>产</b> 销 第		
Principal office address MUST BE A STREET ADDR	ESS)			
		λ. ω Λ. ω		
Enter new mailing address, if applicable:		ST F		
Mailing address MAY BE A POST OFFICE BOX)		- 5 - S		
		<del>_</del>		
3. If amending the registered agent and/or regist egistered agent and/or the new registered office addr	ered office address on our records, <u>ento</u> ress here:	er the name of the		
Name of New Registered Agent:				
New Registered Office Address:				
-	Enter Florida street address			
	, Florida			
	Cin <sub>i</sub>	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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Type of Action **Address** <u>Title</u> Name 1 **Brian Cirillo** MGR 558 W. New England Ave. Suite 250 □ Add Winter Park, FL 32789 Remove Patrick E. Law 100 S. Virginia Ave. Unit 408 MGR □ Add Winter Park, FL 32789 ■ Remove 558 W. New England Ave. Suite 250 MGR Andrew J. Hannigan □ Add Winter Park, FL 32789 ■ Remove Magnolia Advisors, LLC 558 W. New England Ave. Suite 250 MGR ■ Add Winter Park, FL 32789 ☐ Remove □ Remove

ir amending any other miormation, en	ter change(s) here: (Attach additional sheets, if neces	sury.j
Effective date, if other than the date of	filing:(option	nal)
(The effective date must be specific, cannot be price the date this document is filed by the Florida Dep	or to date of receipt or filed date and cannot be more than 90 days af	ter
Dated July 29th	2014	
$l \leq n$	- G:	
Brian Cirillo	e of a member or authorized representative of a member	
	Typed or printed name of signee	

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Filing Fee: \$25.00

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