

L14000192286

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

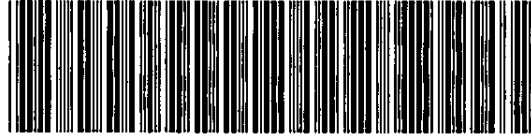
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan MAR 12 2015

The Karniewicz Law Group

1406 W. Fletcher Avenue
Tampa, Florida 33612
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Toll Free: (866) 821-0747
Fax: (813) 962-0741
www.tklg.net

Judy Karniewicz, Esq.
judy@tklg.net

February 19, 2015

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

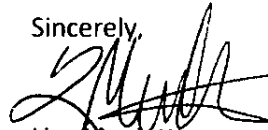
RE: Magnolia Speciality Foods, LLC

Dear Sir or Madam:

Enclosed please find the Articles of Amendment to Articles of Organization for the above-referenced company, along with a check in the amount of \$25.00 to cover the filing fee.

If you have any questions, please contact us.

Sincerely,



Liza Menietti
Paralegal

JK:lm
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Magnolia Speciality Foods 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:

Judy Karniewicz

Name of Person

The Karniewicz Law Group

Firm/Company

1406 W Fletcher Ave.

Address

Tampa, FL 33612

City/State and Zip Code

Julie@tklg.net

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

For further information concerning this matter, please call:

Julie Richie

813 at (_____) **962-0747**

Name of Person

Area Code

Daytime 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 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**

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Magnolia Speciality Foods, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/17/2014 and assigned
Florida document number L14000192286.

This amendment is submitted to amend the following:

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

Magnolia Specialty Foods, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

5230 Gato Del Sol Circle

(Principal office address MUST BE A STREET ADDRESS)

Wesley Chapel, FL 33544

Enter new mailing address, if applicable:

5230 Gato Del Sol Circle

(Mailing address MAY BE A POST OFFICE BOX)

Wesley Chapel, FL 33544

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

5230 Gato Del Sol Circle

Enter Florida street address

Wesley Chapel

City

, Florida 33544

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated February 17, 2015

X 

Signature of a member or authorized representative of a member

Britton Riley

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA