

16000168953

Sep. 18 2017 1:27PM

No. 2012 P. 1/20

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : GEORGE F. INDEST III, P.A. - THE HEALTH LAW FIRM  
Account Number : I20000000056  
Phone : (407)331-6620  
Fax Number : (407)331-3030

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: gindest@TheHealthLawFirm.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

THE MAGNOLIA MOUNT DORA, LLC

Certificate of Status	A 1
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30.

2017 SEP 18 PM 1:57  
TALLAHASSEE, FLORIDA

2017 SEP 18 AM 10:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

(((H17000245095 3)))  
SEP 18 AM 10:38  
ALLAHIASSIST.COM

The Magnolia Mount Dora, 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 September 9, 2016 and assigned  
Florida document number L16000168953

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 registered agent and/or the new registered office address here:

Name of New Registered Agent: The Health Law Firm

New Registered Office Address: 1101 Douglas Ave.

*Enter Florida street address*

Altamonte Springs, Florida 32714

*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.*

*Serge F. Indestruy, President*  
If Changing Registered Agent, Signature of New Registered Agent

If unending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Keith Carson	347 E. 3rd Ave.	<input type="checkbox"/> Add
		Mount Dora, FL 32757	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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