L01000018473

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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Magella	an Group LLC		0
Sobsterr	(Name of Lim	ited Liability Company)	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter	-	
	Larry Grogan	(Name of Person)	· · · · · · · · · · · · · · · · · · ·
		(comme or a case),	
	Magellan Group LLC		
		(Firm/Company)	
	11 South Swinton Avenue	e	
		(Address)	
	Delray Beach, FL 33444		
		(City/State and Zip Code)	
For further information c	concerning this matter, please co	all:	
Larry Grogan			
(Name	of Person)	at (561) 266-0845 (x101) (Area Code & Daytime T	elephone Number)
Fuel and to a shoot food	ha Callandina amanust		
Enclosed is a check for the		D #66.00 BW B 4	5 000 00 PW P
□ \$25.00 Filing Fee	☑\$30.00 Filing Fec & 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)
	ING ADDRESS: ration Section	STREET/COURIER Registration Section	ADDRESS:
Divisio	on of Corporations	Division of Corporation	ons

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Magellan Group 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 October 24, 2001 and assigned

Florida document number L01000018473		SECRE
This amendment is submitted to amend the following:		TARY OF CO
A. If amending name, enter the new name of the limited liab	oility company here:	OF STATE
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the	designation "LLC" or the abbre ation
Enter new principal offices address, if applicable:	11 S. Swinton Avenue	
(Principal office address MUST BE A STREET ADDRESS)	Delray Beach, FL 33444	1
Enter new mailing address, if applicable:	11 S. Swinton Avenue	
(Mailing address MAY BE A POST OFFICE BOX)	Delray Beach, FL 33444	1
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Flor	rida 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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

	<u>Name</u>	Address	Type of A
_	 		Add
_			Add Remove
			Add Remove
_			Add Remove
	• · · · · · · · · · · · · · · · · · · ·		Add Remove
_			Add Remove
mend	ing any other information, enter	change(s) here: (Attach additional sheets, if necessa	 ry.)
	TUN€ 26*	2008	
		Care	

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Filing Fee: \$25.00