L01000018473

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09/15/10--01005--006 **25.00

2010 SEP 15 PH 12: 16

J. SAULSBERRY EXAMINER

SEP 1 6 2010

COVER LETTER

	of Corporations			
SUBJECT:	Magellan G	Froup LLC		
5 6562 611	Name of Limited Li			
		i		
The enclosed Arti	cles of Amendment and fee(s) are submitted	for filing.		
Please return all c	correspondence concerning this matter to the	e following:		
	Α	manda Dunn		
		Name of Person		
	Mage	ellan Group LLC		
		Firm/Company		
	2345(B) Township Road			
		Address	20	
	Charlotte NC 28273		2010 SEP 15	
	•	y/State and Zip Code		
	Amanda.Du E-mail address: (to be t	nn@magellangroup.net used for future annual report notification)		
For further inform	nation concerning this matter, please call:		PHI2: 16	
	Amanda Dunn	1 tat (704) 504 9204 (x203)	6	
	Name of Person	Area Code & Daytime Telephone Number	er	
Englosed is a che	ck for the following amount:			
\$25.00 Filing	~	 \$55.00 Filing Fee & \$60.00 Fi	ling Fee.	
<u></u>	Certificate of Status	Certified Copy Certifical (additional copy is enclosed) Certified	ate of Status &	
	MAILING ADDRESS:	STREET/COURIER ADDRESS:		
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		Clifton Building 2661 Executive Center Circle		
Tallahassee, FL 32314		Tallahassee, FL 32301		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Mag	gellan Group LLC				
(<u>Na</u>	me of the Limited Liabil (A Florid	ity Company as it now appea a Limited Liability Company)	irs on our records.)			
The Articles of Organization	for this Limited Liability	Company were filed on	07/07/2008	and assi	gned	
Florida document number	L01000018473	<u> </u>				
		1				
This amendment is submitted	to amend the following:	l				
A. If amending name, enter	the new name of the li	mited liability company he	e <u>re</u> :			
		!				
The new name must be distingu	ishable and end with the w	ords "Limited Liability Comp	pany," the designation "L	LC" or the a	bbreviation	
Enter new principal offices	address, if applicable:	1				
(Principal office address MU		ORESS)	兰	201 22		
12 / Wespan Office www. cody 1/2 C	5. Dan 11. Din 11. Di	:	D-	SE CI		

Enter nous modifies address	!6!!b.I	1	25 25 173	三 5	1	
Enter new mailing address, if applicable:			<u> </u>	3	-111	
(Mailing address MAY BE A POST OFFICE BO	POST OFFICE BOX)				Albania .	
		·				
			D			
B. If amending the regist registered agent and/or the			our records, enter th	<u>ie name of</u>	f the nev	
	nen registeren entre at	TOTAL CONTRACTOR				
Name of New Regis	tered Agent:					
New Registered Off	ice Address:					
		E	nter Florida street addr	ess		
		Florida				
		City	, 2 102 10240	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: MGR = Manager MGRM = Managing Member Title <u>Name</u> **Type of Action** Address Mgr Niall Duggan Unit 10-11 Distribution Centre ✓ Add Remove Shannon Free zone Co. Clare, Ireland ☐ Add Remove ☐ Remove Add Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary, Dated September Signature of a member or authorized representative of a member

Typed or printed name of signee
Page 2 of 2

Robert G. Fessler

Filing Fee: \$25.00