L02000220012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2013 MAY 31 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
JUN - 3 2013
EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: MAGNOLIA PARTNERS 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:

JON FLAIG
Name of Person

MAGNOLIA PARTNERS, LLC
Firm/Company

1086 LONGWOOD DR
Address

WOODSTOCK, GA 30189
City/State and Zip Code

FLAIGJJ@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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2013 MAY 31 PM 4:00
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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

JON FLAIG at (770) 617 0244
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

MAGNOLIA PARTNERS, 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 8/6/02 and assigned Florida document number L02000020012.

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 end with 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)

1086 LONGWOOD DR
WOODSTOCK, GA 30189

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

1086 LONGWOOD DR
WOODSTOCK, GA 30189

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2013 MAR 21 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: _____
Enter Florida 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:

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	JONATHAN I. FLAIG	1086 LONGWOOD DR WOODSTOCK, GA 30189	☑ Add (CHANGE TITLE ONLY, PLEASE) ☐ Remove
MGR	SM MANAGER, LLC	3442 FRANCIS RD S.160 ALPHARETTA, GA 30004	☐ Add ☑ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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2013 MAY 31 PM 4:00
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TALLAHASSEE, FLORIDA

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

Dated 5/23/13

Signature of a member or authorized representative of a member

JON FLAIG

Typed or printed name of signee

Filing Fee: $25.00

FILED
2013 MAY 31 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 17, 2013

JON FLAIZ
MAGNOLIA PARTNERS, LLC
1086 LONGWOOD DRIVE
WOODSTOCK, GA 30189

SUBJECT: MAGNOLIA PARTNERS, LLC
Ref. Number: L02000020012

We have received your document for MAGNOLIA PARTNERS, LLC and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 113A00012456

FILED
2013 MAY 31 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA