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COVER LETTER

Division of Corporations
SUBJECT: Magnolia Park - Gainesville, 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:
Paul Thur de Koos Name of Person
Magnolia Park - Gainesville, LLC
2815 NW 13th St. Suite 423
City/State and Zip Code City/State and Zip Code Zabel on to r @ yohoo, com E-mail address: (to be used by future annual report profification)
For further information concerning this matter, please call:
Paul Thur de Koos at 352 275-9/58 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$ \$\times \text{\$55.00 Filing Fee & Certificate of Status}\$

MAILING ADDRESS:

TO:

Registration Section ...

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 Park - Ga (Name of the Limited Liability Compa (A Florida Limited I	INESVITE LLC ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 10 100035212.	were filed on $\frac{4/3}{2007}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Magnolia Park-Gainesville, LDC 2845 NW 13th St. Suite 423 Gainesville, FL 32609
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Magnelia Park - Gainesville, Ll. 2815 NW 13th St. Suik 423 Gainesville, FL 32609
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent: New Registered Office Address: Chaire	Thur de Kos IW 13th St. Suite: 423 Enter Florida street address SVILL , Florida 32(009= Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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>Name</u> Address Type of Action Thomas Schanze POBOX 928 Metrose, FL 321666 Kremove Treasurer Down Petrella 10214 SWY AVE GaineSville, FL 32608 To Remove Paul Thur de Kros 11390 SW 27th AVR MADO GaineSville, FL 3268 @ Remove <u>_</u>□ Remove _□ Remove □ Add ☐ Remove

will with	
_	
_	
(The effecti	e date, if other than the date of filing: 7/1/2014 (optional) ve date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after his document is filed by the Florida Department of State)
Dated	6 June 25, 2014.
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Youl Thurde Kors

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Filing Fee: \$25.00