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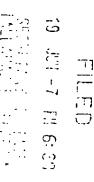
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JUN 2 1 2019 S. YOUNG

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: MACONOL	A GARDENS LLC ame of Limited Liability Company
The enclosed Articles of Amendment and feet	(s) are submitted for filing.
Please return all correspondence concerning t	his matter to the following:
	RANCIS A. RUSSO
W.	AGNOLIA GARDENC LLC
_350	MACNOLIA RD Address
<u>U</u> E	WICK FLORINA 34R93 City/State and Zip Code
FR VE-mai	if address (to be used for future annual report notification)
For further information concerning this matter	r, please call:
FRANCIS A. A	RUSSO at (H) 539-048 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	·
□ \$25.00 Filing Fee □ \$30.00 Filing I Certificate of	

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

(Name of the Limited Liability	+ AU JENS	L Curr records 1
	ity Company as it now appears or a Limited Liability Company)	<b>/</b> *
The Articles of Organization for this Limited Liability C	Company were filed on	-23-2002 and assigned
This amendment is submitted to amend the following:	V	
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the desig	
Enter new principal offices address, if applicable:	Ar	MF =
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u>, 6</u>
	<del></del> .	
B. If amending the registered agent and/or registered agent and/or the new registered office add		ir records, enter the name of the new
Name of New Registered Agent:	SAW	1 <u>E</u>
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 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.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member Title Name

MGR LORRI RUSSO

REMOUED - 4550 45T W APT 577 Remove

BRADENTON, FL. 34210

Change **Type of Action** □ Add ☐ Remove ☐ Change ☐ Add □ Remove Change ☐ Remove ☐ Change □ Add ☐ Remove □ Change □ Add ☐ Remove

☐ Change

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E. Effecti	we date, if other than the date of filing: $\sqrt{300000000000000000000000000000000000$
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docum	ent's effective date on the Department of State's records.
If the rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
	90th day after the record is filed.
Dated	
Dated	Janeir H. Russe MGRM

Page 3. of 3

Filing Fee: \$25.00