

LD8000102880

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

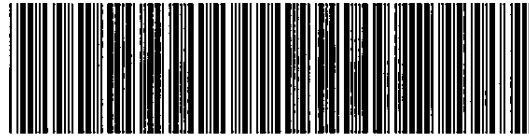
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OCT 19 2010

EXAMINER

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FILED
10 OCT 15 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAGNOLIA SQUARE DESIGN CENTER, 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:

MICHAEL G. BENCZ

Name of Person

MAGNOLIA SQUARE DESIGN CENTER, LLC

Firm/Company

1451 E. IRLO BRONSON MEM. HWY

Address

ST. CLOUD, FL 34771

City/State and Zip Code

MUSTANGMIKE957@MSN.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL G. BENCZ

Name of Person

at (407) 957-8845

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 SQUARE DESIGN CENTER, 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 11/03/2008 and assigned
Florida document number LO8000102880

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1451 E. IRLC BRONSON MEM. HWY.
ST. CLOUD, FL 34771

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:

MICHAEL G BENCZ

New Registered Office Address:

422 MISSOURI AVE.

Enter Florida street address

ST. CLOUD

Florida

City

10 OCT 15
FILED
AM 11:03
CLERK OF STATE
TALLAHASSEE, FLORIDA
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.

→ Michael G Bencz
If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
MGRM = Managing Member

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

-Dated 18/11, 2010

Signature of a member or author
MICHAEL G. BENCZ

Typed or printed name of signee