

209000030250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

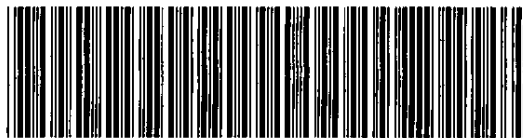
Special Instructions to Filing Officer:

A. LUNT

JUL 30 2009

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 JUL 29 PM 2:07

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Magnolia TC 1, 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:

Katie Breslow

Name of Person

Magnolia Florida

Firm/Company

2301 Lucien Way, Suite 405

Address

Maitland, FL 32751

City/State and Zip Code

kbreslow@ard.cc

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

For further information concerning this matter, please call:

Katie Breslow

Name of Person

at (407) 333-1440 Ext. 118

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

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2009 JUL 29 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Magnolia TC 1, 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 March 27, 2009 and assigned
Florida document number L09000030250.

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)

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:

N. Dwayne Gray

New Registered Office Address:

315 East Robinson Street, Suite 600

Enter Florida street address

Orlando

, Florida

32801

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.

N. Dwayne Gray
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

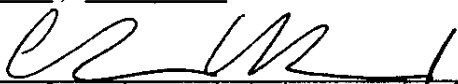
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Magnolia Florida LLC	2301 Lucien Way, Suite 405 Maitland, FL 32751	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Gold Magnolia LLC	2301 Lucien Way, Suite 405 Maitland, FL 32751	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Magnolia TC 1 MM LLC	2301 Lucien Way, Suite 405 Maitland, FL 32751	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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

Dated July 23, 2009



Signature of a member or authorized representative of a member

Christopher Ward

Typed or printed name of signee