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(Reque	stor's Name)	
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THE DECRETARY OF STATE

J. SAULSBERRY EXAMINER MAR 22 2012

COVER LETTER

10:	Registration Se Division of Cor			
SUBJI	₹ СТ •	Magnoli	a TC1 MM, LLC	
30301			nited Liability Company	_
The en	closed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please	return all correspo	ndence concerning this matte	er to the following:	
			Brian Cirillo	
			Name of Person	
		N	lagnolia Advisors, LLC	,
			Firm/Company	8EC/
	2301 Lucien Way Ste. 405		HAR:	
			Address	20 ARY C
			Maitland, FL 32751	2012 MAR 20 AM 8: 32 SECRETARY OF STATE ALLAHASSEE, FLORIDA
		m	City/State and Zip Code agnoliatc1@gmail.com	B 32 ORID
		E-mail address:	(to be used for future annual report notification)	_, > 10
For fur	ther information c	oncerning this matter, please	call:	
	Name of	rian Cirillo f Person	at (407) 792-0061 Area Code & Daytime Telephone Nu	mber
Enclose	ed is a check for th	e following amount:		
₽ \$25	.00 Filing Fec	\$30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	0 Filing Fee, ificate of Status & ified Copy litional copy is enclosed)
	Registra Divisio P.O. Bo	ING ADDRESS: ation Section in of Corporations ox 6327 ssee, FL 32314	STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	S:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Magnolia TC1 MM, LLC		
(Name of the Limite	ed Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited	Liability Company were filed on	04/22/2009	and assigned
Florida document number L090000	38988		
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability company her	<u>re</u> :	
The new name must be distinguishable and end w "L.L.C."	vith the words "Limited Liability Compa	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if appl	icable:		7. 0
(Principal office address MUST BE A STRE	ET ADDRESS)		012 112
•			TO A MI
			20 ARN SSH
Enter new mailing address, if applicable:			mo _ m
AV III II IV IV DE L'EQUE DELL'OR DOUG			
<u> </u>	<u> </u>		STATE STATE
			3 8 —
B. If amending the registered agent and registered agent and/or the new registered of		our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:	Magnolia Advisors, LLC		
New Registered Office Address:	2301 Lucien Way Ste. 405		
	En	ter Florida street addi	ress
	Maitland	, Florida	32751
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Magnolia Advisors, LLC	2301 Lucien Way suite 405 Maitland, FL 32751	_ ☑ Add _ ☐ Remove
			Add Remove
			Add Remarks
D. If amendid	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)	ILED 20 AM 8: 32 ARY OF STATE
_			-
Dated	March 13th 2012	and a	
_	Signature of a member of BRIAN Typed or	rauthorized representative of a member //R/LLO printed name of signee	

Page 2 of 2

Filing Fee: \$25.00