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12 HAR 20 PH 2: 49 SECREDARY OF STATE TAIL ADVISSEE, FLORID,

C. LEWIS

MAR 2 1 2012

EXAMINER

COVER LETTER

TO:	Registration Sect Division of Corpo	ion Orations	***	63a rag€r se*6 .or*		
SUBJI	FCT•	Magnolia	a TC2 MM, LLC			
30001	<u> </u>		ted Liability Company			
The en	closed Articles of A	mendment and fee(s) are sub	omitted for filing.			
Please	return all correspond	lence concerning this matter	to the following:			
			Brian Cirillo			
Name of Person						
Magnolia Advisors, LLC						
			Firm/Company			
		230)1 Lucien Way Ste. 40	5		
			Address			
Maitland, FL 32751						
City/State and Zip Code						
magnoliatc2@gmail.com E-mail address: (to be used for future annual report notification)						
For fur	ther information con	cerning this matter, please co	•	it notification)		
	Bri	an Cirillo	at (_407_)	792-0061		
	Name of P	erson	Area Code & I	Daytime Telephone Numbe	r	
Enclos	ed is a check for the	following amount:				
₽ \$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en-	closed) Certified	ite of Status &	

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**

FILED

12 MAR 20 PM 2: 49

	Magnolia TC2 MM LLC	SLORe	TAR: OF STATE	
(Name of the Limite	Magnolia TC2 MM, LLC ed Liability Company as it now appear (A Florida Limited Liability Company)	s on our records:)/\limits	MOSEE, FLORIDA	
The Articles of Organization for this Limited Florida document numberL1000002	Liability Company were filed on			
This amendment is submitted to amend the fo	Ţ.			
A. If amending name, enter the new name	of the limited liability company her	<u>e</u> :		
The new name must be distinguishable and end w "L.L.C."	vith the words "Limited Liability Compa	ny," the designation "	LLC" or the abbreviation	
Enter new principal offices address, if appli	icable:			
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	<u> </u>			
	·			
B. If amending the registered agent and registered agent and/or the new registered of		ur records, <u>enter</u>	the name of the new	
Name of New Registered Agent:	Magnolia Advisors, LLC			
New Registered Office Address:	2301 Lucien Way Ste. 405			
	Enter Florida street address			
	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 A 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, 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> **Type of Action** <u>Name</u> **Address MGRM** Patrick E Law 2301 Lucien Way suite 405 ☐ Add Maitland, FL 32751 Remove Andrew Hannigan MGRM 2301 Lucien Way Suite 405 ☐ Add Maitland, FL 32751 Remove MGRM Brian Cirillo 2301 Lucien Way Suite 405 ___ Add Maitland, FL 32751 Remove Magnolia Advisors, LLC MGRM 2301 Lucien Way Suite 405 **✓** Add Maitland, FL 32751 Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) March 13th 2012 Dated _____ Signature of a member or authorized representative of a member Brian Cirico "
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00