

L1 0000 113555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

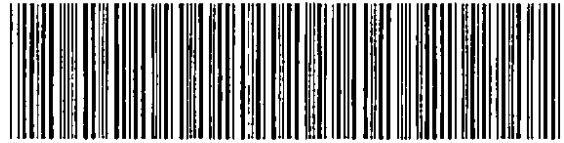
(Document Number)

Certified Copies _____ Certificates of Status _____

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09/23/20--01001--018 **25.00

SEP 22 PM 3:23

O SIMMONS
SEP 28 2020

SEP 28 11:32

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

(OFFICE USE ONLY)

Business Name & Document Number, (if known):

1. Magnolia Property Group, LLC L10000113555
Name Document Number (if known)

☒ Walk in ☐ Will wait

☐ Certified Copy of:

☐ Certificate of Status

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ INC
☐ OTHER

AMENDMENTS

☒ Amendment
☐ Resignation of R.A. Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name
☐ APOSTIL

COUNTRY

REGISTRATION/QUALIFICATIONS

☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

EXAMINER'S INITIALS:



RECEIVED
2020 SEP 25 PM 3:53

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 23, 2020

FLORIDA CAPITAL COURIER SERVICES, INC

SUBJECT: MAGNOLIA PROPERTY GROUP, LLC
Ref. Number: L10000113555

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You have submitted two (2) separate documents. The registered agent's signature needs to be on the amendment form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 220A00018312

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

MAGNOLIA PROPERTY GROUP LLC

2-15-2011 1:30
(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 11/01/2010 and assigned
Florida document number L10000113555.

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 contain 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)

1812 LAUREL TERRACE

LAKE COMO, NJ 07719

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. BOX 189

TENAFLY, NJ 07670

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:

REGISTERED AGENTS INC

New Registered Office Address:

7901 4TH ST N, STE 300

Enter Florida street address

ST PETERSBURG

City

Florida 33702

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	KIM KENNEDY	250 GORGE ROAD, #4D	<input type="checkbox"/> Add
		CLIFFSIDE PARK, NJ 07010	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MICHAEL FENNELL	250 GORGE ROAD, #4D	<input type="checkbox"/> Add
		CLIFFSIDE PARK, NJ 07010	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

218. 25 Pl. 1:32

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated SEPTEMBER 21 2020

Tracy Fennell

Signature of a member or authorized representative of a member

TRACY FENNEL

Typed or printed name of signee