

#L10000/3/050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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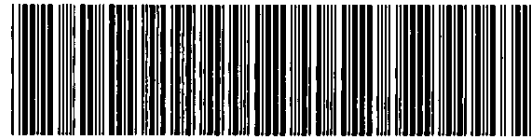
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
JAN 21 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THREE MAGNOLIAS, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John Q. Adams II, CPA

Name of Person

Adams & Company, P.A.

Firm/Company

910 SW 1st Avenue, Ste. 201

Address

Ocala, FL 34471

City/State and Zip Code

paula@adamscompanypa.com

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

For further information concerning this matter, please call:

John Q. Adams II, CPA

Name of Person

at (352)

237-3200
Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is: THREE MAGNOLIAS, LLC #L10000131050

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)



Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

ARTICLE V: The name and address of the managing members/managers are:

Title: MGRM

CORRECT ARTICLE V to: The name and address of the managing members/

managers are: Title: MGR (all other info on Art. V is correct)

OR



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: _____

Patricia C. Adams

Signature of a member or authorized representative of a member

Patricia C. Adams, MGR

Typed or printed name of signee

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

FILED
11 JAN 20 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA