

L100000132155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

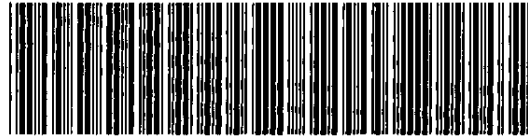
Special instructions to Filing Officer:

L. SELLERS

AUG 24 2011

EXAMINER

Office Use Only



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08/22/11--01013--029 **25.00

FILED
14 AUG 22 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MG Land Management, LLC

1553 SE Fort King Street • Ocala, FL 34471

Phone (352) 401-3755 or (352) 362-5226 • Fax (352) 401-3757

ngarcia@mcbrideland.com

August 18th, 2011

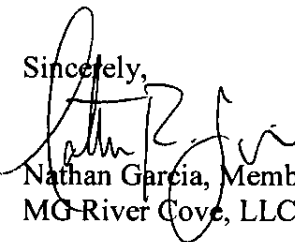
Florida Department of State
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Name Change for MG River Cove, LLC (FL Document # L10000132155)

To Whom It May Concern:

Please find attached an amendment to the corporate files of MG River Cove, LLC (FL Document # L10000132155) to change the name from MG River Cove, LLC to MG Land Management One, LLC. There are no other changes needed at this time. If you have any questions or any additional information is needed, please don't hesitate to contact me at either number listed above.

Sincerely,



8/18/11

Nathan Garcia, Member
MG River Cove, LLC & MG Land Management, LLC

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MG River Cove, 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:

Nathan Garcia

Name of Person

MG Land Management, LLC

Firm/Company

1553 SE Fort King Street

Address

Ocala, FL 34471

City/State and Zip Code

ngarcia@mcbrieland.com

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

For further information concerning this matter, please call:

Nathan Garcia

Name of Person

at (**352**)

401-3755

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 22 PM 2:18

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

MG River Cove, 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 December 29th, 2010 and assigned Florida document number L10000132155.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MG Land Management One, LLC

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____

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, 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>
_____	_____	_____	<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

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

Dated August 18th, 2011

Signature of a member or authorized representative of a member

Nathan R. Garcia

Typed or printed name of signee