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(City/State/Zip/Phone #)

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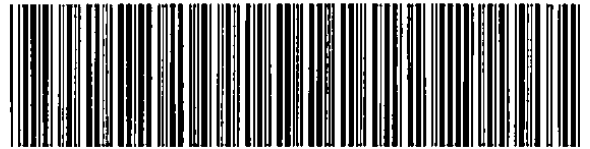
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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# SCOTT A. FRANK

LAW OFFICES

July 12, 2019

**VIA FEDERAL EXPRESS**

Registration Section  
Division of Corporation  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Articles of Amendment to Articles of Organization of Magnolia Capital  
Management LLC  
File No.: 1354.001

Dear Sir/Madam:

With respect to the above-referenced, enclosed please find following items:

1. This firm's check in the amount of \$25.00 representing payment for filing fee;
2. Articles of Amendment to Articles of Organization form for Magnolia Capital Management LLC; and
3. Self-addressed envelope to our office with recorded document.

If you have any questions regarding this matter, please feel free to contact me at 561-826-5400.

Sincerely,



Michelle Garrido  
Legal Assistant to Scott A. Frank, Esquire

/mg  
Enclosures

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: MAGNOLIA CAPITAL MANAGEMENT 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:

SCOTT A FRANK, ESQ.

Name of Person

LAW OFFICES OF SCOTT A FRANK, PA

Firm/Company

3201 W COMMERCIAL BLVD, SUITE 218

Address

FORT LAUDERDALE, FL 33309

City/State and Zip Code

SFRANK@SAFLAW.COM

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

For further information concerning this matter, please call:

SCOTT A FRANK

561

826-5400

at ( )

Name of Person

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

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

MAGNOLIA CAPITAL MANAGEMENT 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 04/25/2011 and assigned  
Florida document number L11000048422.

This amendment is submitted to amend the following:

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

ARTESIA CAPITAL MANAGEMENT LLC

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)

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:

JULIE ZACHARIAS DEVASSY

New Registered Office Address:

4034 DERBY DRIVE

*Enter Florida street address*

DAVIE

*City*

Florida 33330

*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.*

*Julie Zacharias Devassy*  
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	JULIE Z DEVASSY	4034 DERBY DRIVE	<input type="checkbox"/> Add
		DAVIE, FL 33330	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JULIE ZACHARIAS DEVASSY	4034 DERBY DRIVE	<input checked="" type="checkbox"/> Add
		DAVIE, FL 33330	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

[illegible]

**F. 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 JULY 3, 2019

Julie Lacharias Duray  
Signature of a member or authorized representative of a member

JULIE ZACHARIAS DEVASSY, MANAGER

Typed or printed name of signee