L1100007582Z

(Re	equestor's Name)	
`		
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	rsiness Entity Nan	ne)
(Do	ocument Number)	
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COVER LETTER

ГО:	Registration S Division of Co			
oun in	Magnolia I	Engineering LLC		
SORTE	CT:	Name of Limi	ited Liability Company	
		f Amendment and fee(s) are subtondence concerning this matter		
		Carmen B. Greene		
			Name of Person	
		Magnolia Engineering LLC		
			Firm/Company	
		1150 East Tennessee Street	t	
			Address	
		Tallahassee, FL 32308		
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
		manager@magnoliaenginee	_	
For furt	her information	concerning this matter, please ca	o be used for future annual report noti	Headon)
Сагтеп	B. Greene		850 385-0203	
	Name	of Person	at () Area Code Daytim	e Telephone Number
Enclose	d is a check for	the following amount:		
□ \$25	i.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:

TO:

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415, N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Magnolia Engineering LLC				
(<u>Name of the L</u> im	ited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Florida document number L11000075822	Liability Company	were filed on 06/30/2011	and assigned	
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	-	ility company here:		
v/A				
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or the	ibbreviation "L.L.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		1150 East Tennessee Street		
		Tallahassee, FL 32308		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1150 East Tennessee Street Tallahassee, FL 32308		
3. If amending the registered agent and/or agent and/or the new registered office addr		address on our records, enter the na	ne of the new regis	
Name of New Registered Agent:	N/A		·:	
New Registered Office Address:	N/A			
		Enter Florida street address	<u> </u>	
	N/A	, Florida A	//A	
		City	Zi p `€ode	

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 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>	Name	<u>Address</u>	Type of Action
MGR	Scott W. Kell	3820 Cottingham Drive Tallahassee, FL 32303	\ Add
			□ Remove
			□ Change
			🗆 Remove
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Effective dute if other than th	e date of filing:		(ontional)	
Effective date, if other than the If an effective date is listed, the date many Note: If the date inserted in this document's effective date on the	block does not meet the applic	cable statutory filing requ	n 90 days after filing.) Pursuant to irements, this date will not be	o 605.0207 e listed as
		ime, at 12:01 a.m. on the	earlier of: (b) The 90th day	after the
e record specifies a delayed effect ord is filed.	ive date, but not an effective t			

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