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EXAMINER



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SECRETARY OF STATE

COVER LETTER

то:	Registration Sec Division of Cor					
SUBJI	ECT:	SHANES	MAGNOLIA, LLC			
50201			nited Liability Company			
The en	closed Articles of A	Amendment and fee(s) are su	ubmitted for filing.			
Please	return all correspor	ndence concerning this matte	er to the following:			
RICHA			RICHARD P MEAD			
			Name of Person			
PE		NTA EXCEL GROUP L	LC			
		Firm/Company				
139		6 NE 20TH AVE STE :	300			
			Address			
			OCALA, FL 34470			
			City/State and Zip Code			
	rmead@pentaexcel.com E-mail address: (to be used for future annual report notification)					
For fur	ther information co	oncerning this matter, please	•			
		ARD P MEAD	at (_352)	615-2250		
	Name of	Person	Area Code &	Daytime Telephone Number		
Enclose	ed is a check for the	e following amount:				
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Registra	NG ADDRESS: tion Section of Corporations x 6327	Registration	Corporations		

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHANES MA	<u>AGNOLIA, LLC</u>)		_	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appe a I Liability Company)	rs on our records.)			
The Articles of Organization for this Limited Liability Compar Florida document numberL11000081933	ny were filed on	JULY <u>18,</u> 2011	and	assigr	ned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lia	ability company he	re:			
SRS MAGN	NOLIA, LLC				
The new name must be distinguishable and end with the words "Lin"L.L.C."	mited Liability Comp	any," the designation "	LLC" or th	ne abb	reviation
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)				<u></u>	
			<u>美</u> 術	NOV 2	
Enter new mailing address, if applicable:			RY OF	8 PH	m
(Mailing address MAY BE A POST OFFICE BOX)			STATE	5:	O
			ATE RIO	ဒိဒ	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he Name of New Registered Agent:		our records, <u>enter</u>	the name	e of t	he new
New Registered Office Address:					
	Er	iter Florida street add	dress		
	<u> </u>	, Florida			<u> </u>
	City		Zip Co	ode	

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.

New Registered Agent's Signature, if changing Registered Agent:

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Type of Action** Title Address Name ☐ Add Remove ☐ Add Remove Add A Remove ∏Add Remove $\prod Add$ Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) NOUEMBER 2011 Dated Signature of a member or authorized representative of a member RICHARD P MEAD Typed or printed name of signee

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Filing Fee: \$25.00