

(Requestor's Name)
(Address)
Addison
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
(

Office Use Only

B. KOHR 0CT 1 7 2012

EXAMINER



300240173753

09728/12-01003-0067**25.00

12 OCT 16 PH 4: 03.
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



The Magnolia Group - Landscape Development, LLC 500 N. Westshore Blvd. Ste. 750 Tampa, FL 33609

October 12, 2012

Florida Department of State Division of Corporations Attn: Buck Kohr PO BOX 6327 Tallahassee, FL 32314



Dear Buck:

Please find this affidavit to correct the error for Reference Number: L11000090390. We have no intention of revoking the dissolution; therefore we are releasing the name of the use to the entity. The Magnolia Group Landscape Development LLC (Document Number L12000119581) was intended to replace the name of Florida Ground Control II, LLC, not act as a new entity.

I have enclosed all previous paperwork submitted for review. Please process the requested name change so The Magnolia Group Landscape Development Group LLC is the new name. If you have any questions, please feel free to reach me at (813) 386-0459. Thank you for your prompt attention to this matter.

Regards,

Sherry Anne Pine

Controller



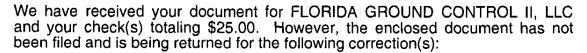
FLORIDA DEPARTMENT OF STATE Division of Corporations

October 2, 2012

SHERRY ANNE PINE FLORIDA GROUND CONTRIL II, LLC 500 N. WESTSHORE BLVD., SUITE 750 TAMPA, FL 33609

SUBJECT: FLORIDA GROUND CONTROL II, LLC

Ref. Number: L11000090390



The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily_dissolved_business_entity_is_not_available_for_the assumption or use by another_entity_until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no_intention of revoking the dissolution, therefore, releasing the name for use to another entity.

The administratively dissolved entity is THE MAGNOLIA GROUP LANDSCAPE DEVELOPMENT, LLC -- Doc. Number L12000119581.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Buck Kohr Regulatory Specialist II

ন্দ্ৰ কৰি বিভাগ কৰে। তেওঁ চাৰ্কি কৰি সময় কৰে। প্ৰায়ুক্ত কৰে আনুষ্ঠান কৰি বিভাগ কৰি বিভাগ কৰে। সমুক্ত সংগ্ৰহৰ কৰে। তেওঁ কৰি বিভাগ কৰি বিভাগ কৰে। Letter Number: 712A00024437

COVER LETTER

TO: Registration Division of	n Section Corporations		THE STATE OF THE S			
SUBJECT.	Florida Gro	ound Control II LLC				
SUBJECT:		ited Liability Company	ALLAMASSEE, FLORIDA			
The enclosed Article	s of Amendment and fee(s) are su	bmitted for filing.	P			
Please return all corre	espondence concerning this matter	r to the following:				
		Sherry Anne Pine				
	,	Name of Person				
The Magnolia Group Landscape Development LLC						
Firm/Company						
	500 N Westshore Blvd, Suite 750					
	Address					
Tampa, Florida 33609						
City/State and Zip Code						
	Sherry.pine@fsfp.com E-mail address: (to be used for future annual report notification)					
For further informati	on concerning this matter, please					
S	Sherry Anne Pine	at (813) 3	86-0459			
Na	me of Person	· · · · · · · · · · · · · · · · · · ·				
Enclosed is a check t	or 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

Control of the second of the s

Florida Ground Control II LLC

(Name of the Limited Liability Company as it now appears on our records.

(A Florida Ellii	med Liability Company	·)	(20) O
The Articles of Organization for this Limited Liability Com Florida document numberL11000090390	npany were filed on _	August 1, 2011	The assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company h	<u>ere</u> :	
The Magnolia Group La	andscape Develo	pment LLC	
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Com	pany," the designation "I	LLC" or the abbreviation
Enter new principal offices address, if applicable:	500 N. Wes	stshore Blvd	
(Principal office address MUST BE A STREET ADDRES	Suite 750		
	Tampa, Flo	orida 33609	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		our records, <u>enter t</u>	the name of the new
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 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 **Type of Action Title** Address <u>Name</u> ☐ Add Remove ☐ Add Remove ☐ Add Remove ☐ Add Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) September 24 2012 Signature of a member or authorized representative of a member **Andrew Wright** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00