

L11800090390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

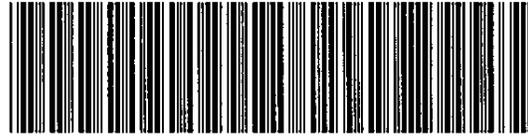
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

**SUBJECT: The Magnolia Group Landscape Development, 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:

Bibi Janaes

Name of Person

Magnolia Group Landscape Development, LLC

Firm/Company

4814 N. Coolidge Ave.

Address

Tampa, FL 33614

City/State and Zip Code

bibi@magnoliascape.com

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

For further information concerning this matter, please call:

Mandy Mills

Name of Person

813 658-3357

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

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FALL AHAASSEE, FL 32310

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

The magnolia Group Landscape Development, 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 8/5/2011 and assigned Florida document number L11000090390.

This amendment is submitted to amend the following:

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

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:

4814 N. Coolidge Ave.

(Principal office address MUST BE A STREET ADDRESS)

Tampa, FL 33614

Enter new mailing address, if applicable:

Same as Above

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE FL 32399

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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:

Matt Meyer

New Registered Office Address:

100 S. Ashley Dr. Suite 1740

Enter Florida street address

Tampa

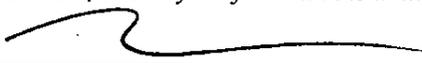
City

, Florida 33602

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

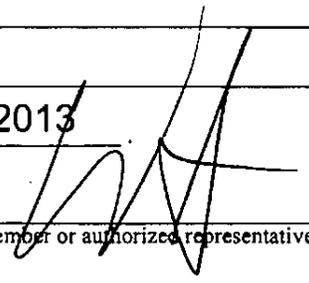
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Andrew Wright	500 N. Westshore Blvd. Suite 750 Tampa, FL 33609	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Edward Keenan	4814 N. Coolidge Ave. Tampa, FL 33614	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated October 17, 2013



Signature of a member or authorized representative of a member

Will Sadlowski

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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