## 6 11000109245

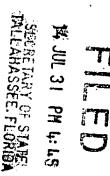
| (Re                     | questor's Name)     |             |
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| PICK-UP                 | WAIT                | MAIL        |
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| Certified Copies        | Certificates        | s of Status |
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| Special Instructions to | Filing Officer:     |             |
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Office Use Only



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## **COVER LETTER**

| TO: Registration Sector Division of Corporation |   |
|---|---|
| SUBJECT: Magne                                  | olia TC 1 REO, LLC  |
| SOBJECT.  | Name of Limited Liability Company   |
|   |   |
| The enclosed Articles of A                      | mendment and fee(s) are submitted for filing.   |
| Please return all correspond                    | dence concerning this matter to the following:  |
|   | Brian Cirillo   |
|   | Name of Person  |
|   | Magnolia TC 1, LLC  |
|   | Firm/Company  |
|   | 558 W. New England Ave. Suite 250   |
|   | Address   |
|   | Winter Park, FL 32789   |
|   | City/State and Zip Code   |
|   | brian.cirillo@magnoliaadvisors.com  E-mail address: (to be used for future annual report notification)  |
| For further information co                      | neerning this matter, please call:  |
| Brian Cirillo                                   | 407 335-4746  |
| Name of Y                                       | at ()   |
|   |   |
| Enclosed is a check for the                     | e following amount:   |
| ■ \$25.00 Filing Fec                            | ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

463 Edgewater, LLC Magnulia TC Red, 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 Con<br>Florida document number <u>L11000109245</u> | npany were filed on 9/23/2011  | and assigned         |
|--|--|----------------------|
| This amendment is submitted to amend the following:  |  |                      |
| A. If amending name, enter the new name of the limited   | d liability company here:  |                      |
| The new name must be distinguishable and end with the words "Limite  | ed Liability Company," the designation "LLC" or the a  | bbreviation "L.L.C." |
| Enter new principal offices address, if applicable:  |  |                      |
| (Principal office address MUST BE A STREET ADDRE   | <u>ss)</u>   | Fig. 3               |
|  | · .  |                      |
|  |  | 31                   |
| Enter new mailing address, if applicable:  |  |                      |
| (Mailing address MAY BE A POST OFFICE BOX)   |  | 17 (S)               |
|  |  | 35 5 C               |
| B. If amending the registered agent and/or registered agent and/or the new registered office address       |  | the name of the new  |
| Name of New Registered Agent:  | and a special section of the section |                      |
| New Registered Office Address:   | Enter Floridu street address   |                      |
|  | . Florida  |                      |
|  | City   | Zip Code             |
| New Designation Agent's Cignotium if shanging Degistered   | A gonts  |                      |

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 Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

**AMBR** = **Authorized Member Address Type of Action** <u>Title</u> Name **MGRM** Magnolia TC 1 MM, LLC 558 W. New England Ave. Suite 250 □ Add Winter Park, FL 32789 **■** Remove □ Add □ Remove □ Remove □ Add \_□ Remove ☐ Remove

| If amending any other information, enter cha   | ange(s) here: (Attach additional sheets, if necessary.)        |
|--|--|
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|  |  |
|  |  |
| Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department of | of receipt or filed date and cannot be more than 90 days after |
|  | 2014   |
| Dated Scr. J.  | G.   |
| _  | ember or authorized representative of a member                 |
| Brian Cirillo  |  |
|  | No.  |

ME JUL 31 PN 4: 45
SECRETARY OF SIAMS

Page 3 of 3

Filing Fee: \$25.00