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(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	#)
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(Do	cument Number)	<u> </u>
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2017 NOV -9 PM 4: 20

W. HARRIS

COVER LETTER

TO:	Registration Section Division of Corpo			
SUBJI	ECT:	Magnolia A	trbor Propertie	es LLC
SUBJECT: Magnolia Arbor Properties 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: Reginal Drince Name of Person Firm/Company 108 Comment Street Address Lake Man, Fl 327Ho City/State and Zip Code Wivcoe Lyb modive agmail. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Reginal Drince Name of Person Tenclosed is a check for the following amount: P \$25.00 Filing Fee \$2.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)				
Please	return all correspond	ence concerning this matter t	o the following:	
		Regin	al Dvince	
		•	Name of Person	
			Firm/Company	
		108 Con	nmerce street	
		Lake	Mary, FL 327	46
		MVCOE E-mail address: (1	City/State and Zip Code A U+0 M O+1 VE O to be used for future annual report notifi	egnail.com
For fur	ther information con	cerning this matter, please ca	II:	
	Reginal Name of P	OVINCE	at (401) 357. Area Code Daytime	-DDD8 Telephone Number
Enclos	ed is a check for the	following amount:		
\$ 2	5.00 Filing Fee	_	Certified Copy	Certificate of Status & Certified Copy

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**

Magriotia Ar	boy properties with
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number \(\bigcup \frac{120000}{2000} \) \(\bigcup \frac{1}{20000} \).	were filed on 2/10/2012 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	
Enter new principal offices address, if applicable:	1891 W. Fairbanks Ave
(Principal office address MUST BE A STREET ADDRESS)	Winterpark, Fl 32789
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1891 W. Fairbanks Ave WinterPark, FL 32789
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street uddress
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>

If Changing Registered Agent, Signature of New 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 discument 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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Ma $AMBR = Au$	anager ithorized Member		
Title	<u>Name</u>	Address	Type of Action
MIDN	Richard Boucard	11361 Center Lake Dr	
		windermera FL 3478	6 □ Remove
	. 1		Change
MGR	christian Cuestas	5951 Curry Ford Rd	
		orlando, 72 32822	Remove
			Change
			🗆 Add
			Remove
			Change
			🗆 Add
			□ Remove
		> 1 	
		26 : 60 : 10 : 10 : 10 : 10 : 10 : 10 : 10 :	Remove.
			
			□ Add
			_□ Remove
			Change

	ling any other information, enter change(s) here: (Attach additional sheets, if necessar		_
' . —			_
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			_
			herblerhensen
If an effect Note: If document ne reco	date, if other than the date of filing:	ng.) Pursuant to (ate will not be l	isted as
	Oth day after the record is filed.		
Dated	November 2, 2017.		
		Dia 2	,
	Signature of a member or authorized representative of a member		trans.
		245 6 0	1.
	Reginal DVINCE Typed or printed name of signee	<u> </u>	A CONTRACTOR OF THE PERSON OF
	- Typea or printed name of signee		建气 气
		1.08 1.08 1.08 1.08 1.08 1.08 1.08 1.08	2414-
	Page 3 of 3		

Filing Fee: \$25.00