112000140155

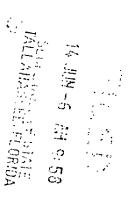
(Re	equestor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	of Status
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May 2, 2014

NATHAN GARCIA 1553 SE FORT KING ST OCALA, FL 34471

SUBJECT: MG LAND HOLDINGS, LLC

Ref. Number: L12000140155

We have received your document for MG LAND HOLDINGS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 914A00009371

COVER LETTER

TO: Registration Section of Corp.			
SUBJECT:	MG LAND MAN Name of Limit	ed Liability Company	·
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
-		Jathan Garcia Name of Person	
		Name of Person	
	MG Lan	D MANAGEMENT, L Firm/Company	<u>ll</u>
•	<u> </u>	SE FORT GNG	Sr.
	_		
		ALA , FL 34471 City/State and Zip Code	
		City/State and Zip Code	
		© MCBRIDELAND. LOM be used for future annual report notificati	00)
For further information cor	ncerning this matter, please ca	•	on)
Nathan	GARCIA	at(352) 362-5	226
Name of I	erson	Area Code & Daytime Te	lephone 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MG Land Manage			
(Name of the Limited Liability Com (A Florida Limite	i <u>pany as it now appears on our records.)</u> id Liability Company)		
The Articles of Organization for this Limited Liability Compa	ny were filed on November 5th, 2012	and ass	igned
Florida document number L12000140155			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here:		
MG Land T	rust, LLC		
The new name must be distinguishable and end with the words "Limited L	iability Company," the designation "LLC" or the at	breviation "l.	.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
Training maniess MIII BB III COI OI I I COI BOIN	-		
B. If amending the registered agent and/or registered	office address on our records, enter	the name	of the ne
registered agent and/or the new registered office address h			
	, r		
Name of New Registered Agent:	3	<u> </u>	* 5 * * ₄
New Registered Office Address:		-12	* ****
New Registered Office Address.	Enter Florida street address	1 - 25 _ 25	4
		196	
		Zip Code	•
New Registered Agent's Signature, if changing Registered Ager	nt:		
			

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, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>me</u>	Address	Type of Action
		🗆 Add
		□ Remove
		□ Add
		□ Remove
		_
		Add
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		Remove
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		_□ Remove
•		

. If amending	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
		—
(The effective day	ate, if other than the date of filing: June 18th 2014 (optional) ate must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after occument is filed by the Florida Department of State)	_
Dated	June 5th	
	AMZ.Svi	
	Signature of a member of authorized representative of a member Nathan R. Garcia	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

TALLAHASSER TYPERE