L13000100652

Office Use Only



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SECRETARY OF STATE
WHASSEE, FLORIDA

T. Sureh OCT -4 2013.

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: Magnolia FL Investments, 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:

David C. Tassell, Esquire

Name of Person

Joseph C. Kempe, P.A.

Firm/Company

941 North Highway A1A

Address

Jupiter, FL 33477

City/State and Zip Code

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

For further information concerning this matter, please call:

David C. Tassell

_{...}561 **747-730**0

Name of Person

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Magnolia FL Investments, LLC		
(Name of the Limited Liability (A Florida	ty Company as it now appears on our reco Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Florida document number L13000100652	Company were filed on 07/16/2013	and assigned
This amendment is submitted to amend the following:	·	
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and end with the we"L.L.C."	ords "Limited Liability Company," the desig	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	<u></u>	<u> </u>
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		FILEI CT -3 / TARY OF HASSEE, I
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	87 =
induing dadress may be a rost office boxy		40 31 6.4
B. If amending the registered agent and/or registered agent and/or the new registered office ad		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida si	4
	Enter Florida si	reei aaaress
		Zip Code
	City	Zip Coae

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

<u>Title</u>	Name	Address	Type of Action
MGRM	Lawrence Raskin	17660 Rocky Pines Rd.	Add
		Jupiter, FL 33478	Remove
			Add
		· · · · · · · · · · · · · · · · · · ·	S Remove
			PILED OCT -3 MIN: RETARY OF STAT AHASSEE, FLORI
			ORIO A TE
			Add
			Remove
		er. Patricia	
			Remove
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***************************************			Add Remove

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
	·
Dated S	September 26 2013
	Signature of a member or authorized representative of a member
	Jason Martinez, Managing Member
	Typed or printed name of signee

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Filing Fee: \$25.00

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ALLAHASSEE, FLORIDA