614000026146

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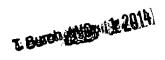
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COVER LETTER

TO: Registration Section
Division of Corporations

Magnolia TC 14 MM, 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:

Brian Cirillo

Name of Person

Magnolia Advisors, 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 concerning this matter, please call:

Brian Cirillo

___407

335-4746

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 TC 14 MM, LLC		
(<u>Name of the Limited Liab</u> (A Flor	vility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L14000026146	Company were filed on 02/14/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and end with the words "l	Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	全然
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		31 PH L: LS
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	City	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 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 Type of Action** <u>Title</u> <u>Name</u> **Address** Magnolia TC 14, LLC MGRM □ Add 558 West New England Ave. Suite 250 **■** Remove Winter Park, FL 32789 **MGRM** Magnolia Advisors, LLC 558 West New England Ave. Suite 250 **■** Add Winter Park, FL 32789 ☐ Remove □ Remove □ Add □ Add ☐ Remove

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•
	five date, if other than the date of filing:
Datad	July 29th 2014
Dated	Knai
	Signature of a member or authorized representative of a member
	Brian Cirillo
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED

JUL 31 PM 1:15

SECRETARY OF STAFF

TALLAHASSEE, FLORIDA