L15000067646

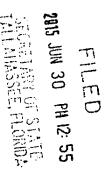
(Requestor's Name)				
(Address)				
(Ād	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



200274324322

200274324322 06/30/15--01008--016 **25.00



·· COVER LETTER

	egistration Selvision of Cor				
SUBJECT	MAGOO, I	LC			
SOBJECT		Name of Lim	ited Liability Company		
The enclose	ed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please retur	n all correspo	ndence concerning this matter	to the following:		
		KATHIE BRANDON, RE	CAL ESTATE PARALEGAL		
	Name of Person				
	SCOTT, HARRIS, BRYAN, BARRA & JORGENSEN, PA				
Firm/Company					
	4400 PGA BOULEVARD, SUITE 603				
Address					
		PALM BEACH GARDEN	NS, FL 33410		
			City/State and Zip Code		
		KMBRANDON@SCOTT-			
		E-mail address: (to be used for future annual report notifi	cation)	
For further	information co	oncerning this matter, please ca	all:		
KATHIE E	RANDON		561 624-3900		
	Name of	Person	at ()	Telephone Number	
Enclosed is	a check for th	e 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**

FILED 2015 JUN 30 PM 12: 56

SECRETARY OF STATE

Magoo, L	LC MELATINGSHILL PLUADA
	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number <u>U50006764</u>	npany were filed on 4117115 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 contain the words "Limited Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES)	Liability Company," the designation "LLC" or the abbreviation "L.L.C." SS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or register registered agent and/or the new registered office addres	red office address on our records, <u>enter the name of the n</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered A	gent:

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	SUSAN M. THIEMANN	1665 ISLES CIRCLE	
		JUNO ISLES, FL 33408	■ Remove
			□ Change
			Add
			Remove
			☐ Change
<u>-</u>			
			Remove
			☐ Change
			□ Add
			Remove
			Change
		 	Add
			□ Remove
			□ Change
			Add
			□ Remove
			Change

D. If amending any other informa	tion, enter change(s) h	ere: (Attach a	dditional sheets, i	if necessary.)	
					
		 -			
					
		 			
					<u> </u>
					到量工
				, ,	JUN 30 PH
					THE JUN 30 PH 12: 5
	040701			,	55
C. Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the E	st be specific and cannot be proock does not meet the app	rior to date of filin plicable statutory	g or more than 90 day	(optional) ys after filing.) Pursuant its, this date will not	t to 605.0207 (3)(b) be listed as the
f the record specifies a delaye b) The 90th day after the rec	d effective date, but ord is filed.	not an effect	ive time, at 12	:01 a.m. on the	earlier of:
Dated APRIL 17,	2015				
Í	0				
	Signature of a member or a	uthorized represer	ntative of a member		_
DAVID L. THIEMAN		inted name of sig	naa		

Page 3 of 3

Filing Fee: \$25.00