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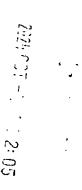
| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| Division of Cor | | | |
|----------------------------|--|--|--|
| SUBJECT: | agnolia Cus- | tom Cabinetru | LLC |
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | <u>An</u> | drea Abel Name of Person | |
| | | Firm/Company | |
| | 747 | 1 Rim Road | |
| | | SOTA, FL 342 City/State and Zip Code Sel Dme. Com o be used for future annual report notif | |
| | E-mail address: (t | o be used for future annual report notif | fication) |
| For further information c | oncerning this matter, please ca | dt: | |
| Andrea Name o | Abel_ f Person | at (941) — 93 · Area Code — Daytime | 2189 e Telephone Number |
| Enclosed is a check for th | ne 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Magnolia Custom (Same of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our records.) Jability Company) |
|---|--|
| The Articles of Organization for this Limited Liability Company Florida document number <u>LI5000077535</u> | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab | ility company here: |
| The new name must be distinguishable and contain the words "Limited Liabil | |
| The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | 1471 Rim Rd Sarasota, FL 34240 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 7471 Rim Rd 3. Sarasota, FL 34240 |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | address on our records, enter the name of the new registered |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street address |
| | , Florida |
| | Chy 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 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> | Name | Address | Type of Action |
|--------------|------|-------------|----------------|
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| ective date, if other than the date of filing: O 1 2 | |
| cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after stilled. | er the |
| ed October 1 2024. | |
| Signature of a member or authorized representative of a member | |
| Andrea Abel Typed or printed name of signee | |