

LS000175204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

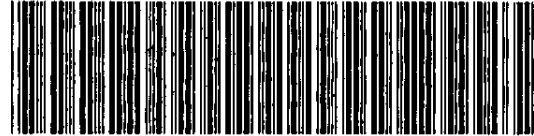
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/12/18--01019--011 **25.00

CLERK OF CIRCUIT COURT
TALLAHASSEE, FLORIDA

2018 APR 25 A 10:55

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 16, 2018

STEVE GRIGGS
8504 KENTUCKY DERBY DR
ODESSA, FL 33556

SUBJECT: 406MAGNOLIA, LLC
Ref. Number: L15000175204

We have received your document for 406MAGNOLIA, 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):

Section A is illegible, please revise.

Please return 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.

Dionne M Scott
Regulatory Specialist II

Letter Number: 418A00007591

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2018 APR 25 AM 10:55

DEPARTMENT OF
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

406MAGNOLIA, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on October 14, 2015 and assigned
Florida document number L15000175204.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

417 SpringAMI, LLC

The new name must be distinguishable and contain the words "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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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 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 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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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 2018 APR 25 ADD 5:50
 OFFICE OF THE
 ATTORNEY GENERAL
 TALLAHASSEE, FLORIDA

2018 APR 15
15:44

FILED
2018 APR 25 AM 9:55
CLERK OF DISTRICT COURT
JULIA A. SAGE
MAIL ROOM
Pursuant to 605.0207,
date will notice listed as th

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated APRIL 10, 2018


Signature of _____

Steve Griggs

Filing Fee: \$25.00