

16000168953

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : GEORGE F. INDEST III, P.A. - THE HEALTH LAW FIRM
Account Number : I20000000056
Phone : (407)331-6620
Fax Number : (407)331-3030

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: gindest@TheHealthLawFirm.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

THE MAGNOLIA MOUNT DORA, LLC

Certificate of Status	<u>1</u>
Certified Copy	<u>0</u>
Page Count	<u>03</u>
Estimated Charge	<u>\$25.00</u>

2017 SEP 18 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 SEP 18 AM 10:30

FILED

Sep. 18. 2017 1:27PM

No. 2012 P. 2/4

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

((H17000245095 3)))

SEP 18 AM 10:38
ALLA ASSOCIATES, P.A.
TALLAHASSEE, FLORIDA

The Magnolia Mount Dora, 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 September 9, 2016 and assigned
Florida document number L16000168953

This amendment is submitted to amend the following:

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

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:

The Health Law Firm

New Registered Office Address:

1101 Douglas Ave.

Enter Florida street address

Altamonte Springs

Florida 32714

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.

Serge F. Indest President
If Changing Registered Agent, Signature of New Registered Agent

((H17000245095 3)))

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

((H17000245095 3)))

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Keith Carson	347 E. 3rd Ave.	<input type="checkbox"/> Add
		Mount Dora, FL 32757	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

None.

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TALLAHASSEE COUNTY

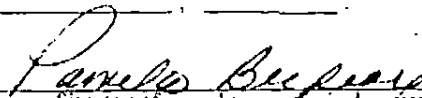
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated September 18, 2017



Signature of a member or authorized representative of a member

Manager, Tax Matters Manager & Majority Member

Typed or printed name of signer

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Filing Fee: \$25.00

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