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COVER LETTER

Registration Section
Division of Corporations

MAILING ADDRESS: Registration Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO:

SUBJECT: MOQ	nolia Homes D	Pevelopment Gro	up, LLC	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.		
Please return all correspondence	ondence concerning this matter	to the following:		
,	Pamela Do	urden Mosley Name of Person		
	Magndia Hon	nes Development	Group, LLC	
	1802 North	Alafaya Trail	#306	
	Oclando, F Mandia Ho B-mail address: (1	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	L. Com	
For further information c	oncerning this matter, please ca	H:·		
Panela Da	rden Mosley i Person	at <u>407</u> <u>702 –</u> Area Code Daytimo	4462 e 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)	

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Magnatia Homes Development Group 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 Florida document number <u>L17000062918</u>	were filed on March 20, 2017 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	pility company here:			
The new name must be distinguishable and contain the words "Limited Liab	ility Company "the designation "LLC" or the abbreviation "LLC"			
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1802 North Alafaya Trail #300			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1800 North Alafaya Trail #3000 Orlando, Fr. 32826			
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our records, <u>enter the name of the ne</u> e:			
	wth Alafaya Trail #306 Enter Florida street address			
Notand	27871			

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.

City

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Phyllis Darden Rooney	16252 Bedford Plaza	UZ Í Add
	,	#202	☐ Remove
		Omaha, NE 68116	☐ Change
			🖸 Add
			□ Remove
			☐ Change
			☐ Remove
			Change
	,		
			□ Remove
			Change
			D'Add 37
			P. Remove
			PH Remove
			D Add
			□ Remove
		•	Change

D. If amending any other information, enter change(s) here:	(Attach additional sheets, if necessary.)
<u> </u>	·
	<u> </u>
	·
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	
If the record specifies a delayed effective date, but not a (b) The 90th day after the record is filed.	an effective time, at 12:01 a.m. on the earlier of:
Dated April 11 , 2017	· · · · · · · · · · · · · · · · · · ·
Signature of a member or authorize	ed representative of a member
Pamela Darden Mosler Typed or printed r	In the of signee In the signee

Page 3 of 3

Filing Fee: \$25.00