# 117000185880

(Requ	estor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/S	State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Na	me)
(Docu	ıment Number	)
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ling Officer:	





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TOMMY D. PERMENTER, JR.



Bellwether Professional Park 2201 S.E. 30th Avenue, Suite 202 Ocala, Florida 34471 Telephone
(352) 622-1811
Facsimile
(352) 622-1866
Email
Tommy@Permenterlaw.com

May 23, 2018

Registration Section Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

Re: Magnolia Wealth, LLC

Magnolia Wealth Insurance, LLC

Articles of Amendment to Articles of Organization

Ladies and Gentlemen:

Enclosed please find the Articles of Amendment to Articles of Organization for Magnolia Wealth, LLC and Magnolia Wealth Insurance, LLC for filing.

Also, enclosed are my firm's checks in the amount of \$25.00 each representing the filing fees.

Thank you for your assistance in this matter. If you have any questions, please let me know,

Sincerely,

THE PERMENTER LAW FIRM, P.A.

Tommy D. Permenter, Jr.

TDP/am Enclosures

## **COVER LETTER**

Registration Section Division of Corporations

TO:

/3 2 7 13 A 4 3 2 17 17 1	Wealth Insurance, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Tommy D. Permenter, Jr.,	Esquire	
•		Name of Person	
	The Permenter Law Firm,	P.A.	
•		Firm/Company	
	2201 S.E. 30th Avenue, St	ite 202	`
	<del></del>	Address	<del></del> ,
	Ocala, Florida 34471		
		City/State and Zip Code	.,
	Tommy@Permenterlaw.cor		· ·
	E-mail address: (	to be used for future annual report notif	ication)
For further information	concerning this matter, please co	all:	
Tommy D. Permenter, J	r., Esquire	352 622-1811	
Name	of Person		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)
Regisi Divisi P.O. I	JNG ADDRESS: ration Section on of Corporations Box 6327 rassee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce	n ations

Tallahassee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Magnolia Wealth Insurance, LLC		
(Name of the Limited Liab (A Flori	illty Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on August 29, 2017	and assigned
Florida document number L17000185880	<u></u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	nited liability company here:	
Canopy 360 Insurance, LLC		
The new name must be distinguishable and contain the words "Li	mited 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 ADD	DRESS)	
		• 7,
		,
Enter new mailing address, if applicable:		,
(Mailing address MAY BE A POST OFFICE BOX)		
		•
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		er the name of the ne
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>	Type of Action
MGR Lance M. Powers	Lance M. Powers	112 E. Fort King Street	D Add
		Ocala, Florida 34471	C Remove
			Change
MGR	Jamie G. Losito	112 E. Fort King Street	Add
		Ocala, Florida 34471	□ Remove
			☐ Change
		· · · · · · · · · · · · · · · · · · ·	Add
			☐ Remove
			Change
			D Add
			□ Remove
			☐ Change
		□ Remove	
			Change
			Add
			☐ Remove
			Change

•	
,	
(If an ef Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	May 2 i . 2018
	Riversey Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00