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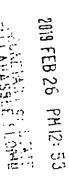
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MAGNOLIA R. V. REPAIR L.L.C. Name of Limited Liability Company
Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jonathan D. Williams Name of Person
Firm/Company
rimicompany
109 Magnolia Street
Hawthorne, FL 32640
Hawthorne, FL 32640 City/State and Zip Code Jonathan the crab a g-mail E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jonathan D. Williams at (352) 363-9960 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Status Status Solution Status Solution Status Status Solution Status Solution Status Solution Status Solution Status Solution Status Status Solution Status Solutio

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		() () () () () () () () () ()
MAGNOL IA R. U (Name of the Limited Liability Compa (A Florida Limited)	I. REPAIR	ir records.)
		>
The Articles of Organization for this Limited Liability Company	were filed on Septe	mber 15,2017 and assigned
Florida document number <u>L 17000192622</u>	·	. -
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	nility company here:	
TONATHAN'S HAND The new name must be distinguishable and contain the words "Limited Liabi	DYMAN S	ERVICES L.L.C.
he new name must be distinguishable and contain the words. Elimited Liabi		
Enter new principal offices address, if applicable:	109 MA	GNOLIA STREET
Principal office address MUST BE A STREET ADDRESS)	HAW THO	RNE, FLORIDA
		32640
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		AGNOLIA STREET RNE,FLORIDA 32640
		32690
3. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	vet 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

11 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 $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Add
			□ Remove
			□ Change
			Remove
			☐ Change
			Add
			□ Remove
		 	☐ Change
			□ Add
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			□ Remove
			Change
		<u></u>	□ Remove
			Change

	
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	date, if other than the date of filing: (optional)
	ive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	s's effective date on the Department of State's records.
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
ne 9	Oth day after the record is filed.
	CERILARY 21 2019
.ed	FEBUARY 21, 2019.
	Jonathan D. W. Alhaniz Signature of a member or authorized representative of a member
	\/
	JONATHAN D. WILLIAMS Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00