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| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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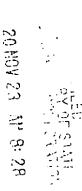
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| | egistration Section ivision of Corpo | | | | • | | |
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| | | CROIX APARTMENTS, LI | .c | | | | |
| SUBJECT | ľ: | Name of Limit | ed Liability Company | | | | |
| The enclos | sed Articles of An | nendment and fec(s) are subm | nitted for filling. | | | | |
| lease retu | irn all correspond | ence concerning this matter t | o the following: | | | | |
| | | BRYAN BREZIC | | | | | |
| | | | Name of Person | | | | |
| | | ISLE OF ST. CROIX APA | RTMENTS, LLC | | | | |
| | | | Firm/Company | | | | |
| | | 11161 E STATE RD 70, ST | TE 110-11 | | | | |
| | Address | | | | | | |
| | | LAKEWOOD RANCH, FI | . 34202 | | | | |
| | | | City/State and Zip Co | de | | | |
| | | BRYAN77778@GMAIL.CO | OM o be used for future ann | ual report natification) | | | |
| | _ | | | uai report manteauous | | ~1 | |
| For furthe | er information con | cerning this matter, please ea |) : | | | ර := | |
| BRYAN | BREZIC | | 727 at () | 557-8727 | | 52 AUR 63 | · |
| | Name of F | Person | Area Code | Daytime Teleph | one Number | 12 | |
| | | | | | | <u>14</u> 8: | |
| Enclosed | is a check for the | following amount: | | _ | | ^> | |
| ■ \$25.0 | 00 Filing Fee | S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing F Certified Copy (additional copy is | • | 1 S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| | Mailing Address: | | | t Address: | | | |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ISLE OF ST. CROEX APARTMENTS, 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 Compar | ny were filed on MARC | 11 14, 2018 and assigned |
|--|--|--|
| Florida document number | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lia | ability company here: | |
| MAGNOLIA TERRACE APARTMENTS, LLC | | |
| The new name must be distinguishable and contain the words "Limited Lia | ibility Company," the design | ation "ELC" or the abbreviation "L.E.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 agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: | | |
| | Enter Florida s | |
| | | Florida |
| | • | Zip Code |
| New Registered Agent's Signature, if changing Registered Age | | |
| I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officermany has been notified in writing of this change. | ete performance of my 18 provided for in Chap | duties, and I am familiar with and oter 605, F.S. Or, if this document is |

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> | Address | Type of Action |
|--------------|-------------|---------|----------------|
| | | | □Add |
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| Note: If | date, if other than the date of filing: |
| ne record s ord is filed | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after l. |
| Dated | November 16, 2020 |
| | |
| | |
| | Signature of a member or authorized representative of a member |

Filing Fee: \$25.00