

L190000006059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

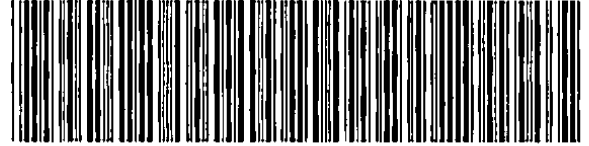
(Business Entity Name)

(Document Number)

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2019 FEB 21 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FL

R. WHITE

FEB 26 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Magnolia Home Improvement LLC

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:

William Wade

Name of Person

Magnolia Home Improvement LLC

Firm/Company

4240 Sally St

Address

Pace fl 32571

City/State and Zip Code

Maghomelle@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Wade

850

503-8801

at (_____) _____

Name of Person

Area Code

Daytime 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)

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**

Magnolia Home Improvement LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

FILED
2019 FEB 21 PM 4:09

STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 01/03/2019 and assigned
Florida document number L19000006059.

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
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Emily Wade

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.


Emily Wade
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, changed, or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Ac</u>
AMBR	Emily Wade	4240 Sally St	<input checked="" type="checkbox"/> Add
		Pace Fl 32571	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	William Wade	4240 Sally st	<input checked="" type="checkbox"/> Add
		Pace Fl 32571	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Emily Wade	4240 Sally St	<input checked="" type="checkbox"/> Add
		Pace Fl 32571	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	William wade	4240 Sally St	<input checked="" type="checkbox"/> Add
		Pace Fl 32571	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

Lined area for text entry.

2/11/2019

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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a 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 February 11th, 2019

William Wade

Signature of a member or authorized representative of a member

William Wade

Typed or printed name of signee