## 1190000 77130

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Amend Mame Chg

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## **COVER LETTER**

ro:	Registration Sect Division of Corpo	ion orations · ·		
	MAGNOLIA	INVESMENTS, LLC		
SUBJE			d Liability Company	
The end	closed Articles of A	mendment and fee(s) are subm	itted for filing.	
Please	return all correspon	dence concerning this matter to	the following:	
		IRENE R. MENENDEZ		
		<del></del>	Name of Person	
		MENENDEZ TAX SERVICE	S, LLC	
			Firm/Company	
		4140 SW 70TH COURT		
			Address	
		MIAMI, FL 33155		
		IRENE@MENENDEZTAXSE		
		E-mail address: (to	o be used for future annual report notific	ation)
For fu	rther information co	oncerning this matter, please ca	11:	
IREN	E R. MENENDEZ	2	305 667-1478	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclo	sed is a check for th	ne following amount:		
<b>■</b> S	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 INVESMENTS, LLC			
(Name of the Limite	ed Liability Company as it now ap (A Florida Limited Liability Compan	pears on our records.)	
The Articles of Organization for this Limited Lie Florida document number L19000077130	ability Company were filed on	03/19/19	and assigned
This amendment is submitted to amend the follo	owing:		32
A. If amending name, enter the new name of	the limited liability compan	y here:	
MAGNOLIA INVESTMENTS, LLC			
The new name must be distinguishable and contain the w	ords "Limited Liability Company."	the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applications			
(Principal office address MUST BE A STREE	T ADDRESS)	·	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and registered agent and/or the new registered o	or registered office addres	s on our records, <u>ent</u>	er the name of the new
Name of New Registered Agent:	IRENE R. MENENDEZ		
New Registered Office Address:	4140 SW 70 COURT		
en ingisioned Onigo Hadross.	Ente	er Florida street address	
	MIAMI	Florida	33155
	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 Ayent 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 $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
			Add
			C Remove
			☐ Change
			Add
			□ Remove
			☐ Change
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			Change

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Note: If the	te, if other than late is listed, the da date inserted in the effective date on	nis block abes i	not meer me app	meable statutory	g or more than 90 filing requirem	(optional) days after filing.) P ents, this date wi	ursuant to 605.0 If not be listed
e record : The 90th	specifies a del day after the	ayed effecti e record is fi	ve date, but led.	not an effect	ive time, at	12:01 a.m. or	the earlier
Dated	Na	<u> </u>	2019 Masha	Autoles	Λ) <u> </u>		
_		Signature	of a member of a	numorized represe	ntative of a memb	er	

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Filing Fee: \$25.00