# 119000132990

(Re	equestor's Name)			
(Ac	ddress)			
(Ac	idress)			
(Ci	ty/State/Zip/Phone	<del>=</del> #)		
PICK-UP	☐ WAIT	MAIL		
(Ви	usiness Entity Nan	ne)		
(Do	ocument Number)			
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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AUG 1 3 2021 I ALBRITTON IVISIGNOF CORPORATIONS TALLAHASSEE, FLORIDA

RECEIVED

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

715 Magnolia, LLC	
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by: SETH	UCC 1 or 3 File
Name Date Time	UCC 11 Search
	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

### **COVER LETTER**

TO: Registration Se Division of Cor					
715 Magno					
SUBJECT:	Name of Lim	nited Liability Company	<del></del>		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Margarita Koblasz				
		Name of Person			
	715 Magnolia, LLC				
		Firm/Company			
	1411 Delk Rd				
		Address			
	Longwood, FL 32779				
	<del></del>	City/State and Zip Code	<del></del>		
	mkoblasz@gmail.com	_			
	E-mail address: (	to be used for future annual report notificati	on)		
For further information c	oncerning this matter, please c	all:			
Margarita Koblasz		407 461-0744			
Name o	f Person	at () Area Code Daytime Tel	ephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address: Registration Section		Street Address: Registration Section			
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

Barrier Maria

(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 Company were filed on 05/16/2019 and assigned Florida document number \_\_\_\_19000132990 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, Ethe designation (LLC for 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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

#### New Registered Agent Signature, if changing Registered Agent:

715 Magnolia, LLC

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>	Address	Type of Action
AMBR	Margarita Koblasz	1411 Delk Rd	≅Add
		Longwood, FL 32779	□Remove
			□Change
AMBR	Robert Koblasz	i 411 Delk Rd	
		Longwood, FL 32779	■Remove
			ClChange
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			\_Add
			□Remove
			Change
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an effective lote: If th	e date is listed, the ne date inserted i	date must be speci:	fic and cannot be not meet the	applicable statut	iling or more than? fory filing require	O days after filing.) Pements, this date wi	rsuant to 605.0207 ( Il not be listed as t
record spe is filed.	ecifies a delayed	effective date, be	ut not an effec	tive time, at 12:	01 a.m. on the ea	arlier of: (b) The 9	Oth day after the
ated A	ugust 16			21			
			UHISa	8m			
•		Signature	of a member o	r authorized repre	sentative of a men	nber	

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TO: Registration See Division of Cor				
715 Magno SUBJECT:	olia, LLC			
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	Margarita Koblasz			
		Name of Person		
	715 Magnolia, LLC			
		Firm/Company		
	1411 Delk Rd			
	Address			
	Longwood, FL 32779			
		City/State and Zip Code	<del></del>	
	mkoblasz@gmail.com  E-mail address: (	to be used for future annual report notific	cation)	
For further information c	oncerning this matter, please c	·	,	
Margarita Koblasz		407 461-0744		
Name of Person		at () Area Code Daytime	Telephone Number	
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■ \$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 Addres Registration S		Street Address: Registration Sect	ion	

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