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COVER LETTER

TO: Registration Division of C	Section Corporations	
SUBJECT:	Magnolia Engraved Gifts Name of Limited Liability Company	
The enclosed Articles	of Amendment and fee(s) are submitted for filing.	
Please return all corre	spondence concerning this matter to the following:	
	Heather Flaherty Name of Person	
	Magnolia Engraved Gifts	
	1102 E Call St	
	Starke FI 32091	
	City/State and Zip Code New Hanesty Control Com E-mail address: (to be used for future armual report notification)	
For further information	n concerning this matter, please call:	
Heath	Ner Flaherty at (904) (54) 3995 Area Code Daytime Telephone Number	
Enclosed is a check fo	r the following amount:	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	

Mailing Address:

, ,

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

Street Address:

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**

FILED

Magnolia En	traved Gifts	[12028 JAH - 3 AH 10: 24
(<u>Name of the Limited Liability</u>) (A Florida Li	Company as it now appears on o mited Liability Company)	ur records.) OECNETARY SESTATE TALL
The Articles of Organization for this Limited Liability Con Florida document number 12000004743	npany were filed on 121	30 2019 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designa	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	(88)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
indiana dada con interpretation for the story		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our record	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	eet 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 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
MGR	FrederickFlaherty	1102 ECallSt Starke F13209	1 STAdd
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effective date is	s listed, the date mu	ist be specific.	and cannot be prior	to date of filing or mo	re than 90 days after t	filing.) Pursuant to 605.03
			of State's records.		requirements, this	date will not be listed
cord specifies filed.	a delayed effective	ve date, but	not an effective ti	me, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after t
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		Signature o	a member or auth	prized representative	a member	
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