LDD 0000044371

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
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MAR 2 7 2020

S. YOUNG

COVER LETTER

TO:

Registration Section Division of Corporations

Magnolia S SUBJECT:	treet Hospitality LLC		
<u></u>	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Michael E Warren		
		Name of Person	
		Firm/Company	
	502 NW 16th Avenue - Ste	Address	
	Gainesville, FL 32601	, (da15 3)	
	mewarren@amjinc.com	City/State and Zip Code	rification)
For further information c	oncerning this matter, please ca		unearon,
Donna Reul		352 375-4600 at ()	
Name o	f Person	Area Code Daytin	me Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Set Division of Control The Centre of 2415 N. Monro Tallahassee, F.	orporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 T

Magnolia Street Hospitality LLC			TO THE PARTY OF TH
(Name of the Limited Lia (A Flo	bility Company as it now orida Limited Liability Com	appears on our records.) pany)	365 N
The Articles of Organization for this Limited Liabilit Florida document number L0000044371	y Company were filed	on <u>2/6/20</u>	and assigned
	 -		
This amendment is submitted to amend the following	g :		
A. If amending name, enter the new name of the	limited liability compa	iny here:	
		nal decimalis MIC	she abbanishing "T.T.C."
The new name must be distinguishable and contain the words "	Limited Liability Company.	, the designation LLC or	the aboreviation L.L.C.
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AL	<u> </u>		
Enter new mailing address, if applicable:		<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
muning dualess mili be in total or i total bors			
B. If amending the registered agent and/or registo agent and/or the new registered office address her		our records, enter the	name of the new registered
	_		
Name of New Registered Agent:			
New Registered Office Address:			
	En	ter Florida street address	
	City	, Florid	Zip Code
	City.		Lip Como

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 Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Anthony R Lyons	502 NW 16th Ave - Suite 1	□Add
		Gainesville, FL 32601	■Remove
MGR Michael E Warren	Michael E Warren	502 NW 16th Ave - Suite 1	≅ Add
		Gainesville, FL 32601	□ Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change

). If amei	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
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_	
(If an effe Note:	re date, if other than the date of filing:
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 d.
Dated _	March 9 ———————————————————————————————————
	Signature of a member or authorized representative of a member
	Michael E Warren
	Typed or printed name of signee