

L20 000238911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

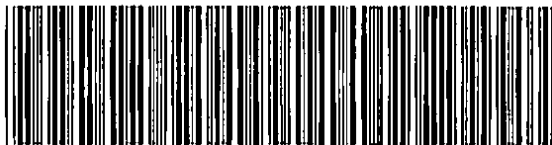
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2021 SEP - 7 PM 5:42
SECRETARY OF STATE
TALLAHASSEE, FL.

COVER LETTER

O: Registration Section
Division of Corporations

SUBJECT: MAGNOLIA PALM, 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:

REBECCA L WILLIAMS, E.A.

Name of Person

BEE SQUARE TAX CONSULTATION AND SERVICE INC

Firm/Company

1650 SAND LAKE RD SUITE 115

Address

ORLANDO, FL. 32809

City/State and Zip Code

REBECCA@BEESQUARETAX.COM

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

For further information concerning this matter, please call:

REBECCA L WILLIAMS, E.A. 407 851-4037
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 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**

MAGNOLIA PALM, LLC

(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 08/03/2020 and assigned
Florida document number L20000238911.

This amendment is submitted to amend the following:

1. **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."

2. **Enter new principal offices address, if applicable:**

Principal office address MUST BE A STREET ADDRESS)

3. **Enter new mailing address, if applicable:**

Mailing address MAY BE A POST OFFICE BOX)

4. **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

City

Florida

Zip Code

5. 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

Title	Name	Address	Type of Action
AMBR	ASHLEY WELLS	19484 ROBERTSON ST.	<input type="checkbox"/> Add
		ORLANDO, FL. 32833	<input checked="" type="checkbox"/> Remove
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[illegible]

(f) If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 40 days after filing. Paragraph 20 of 05-02-07 (3)(b)

Noted

LINDSAY SCORGAN

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