## L20000390270

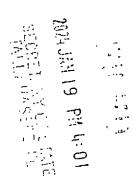
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## **COVER LETTER**

TO:

TO: Registration Se Division of Cor			
	882 Magnolia LL	.c	
SUBJECT:	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:	
	Sharon Williams		
		Name of Person	<del></del>
	882 Magnolia LLC		ن کے
		Firm/Company	
	12200 W. Colonial Dr - St	e 303	2004 JAN 19 SEOTE LAND
		Address	
	Winter Garden, Florida 34	787	70 THE STATE OF TH
		City/State and Zip Code	
	sharon@exchangeplace.net		
	E-mail address: (	to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all;	
Annette Gayle		407 347-4247 at ()	
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 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		<u>Street Address:</u> Registration Sc	ection
Division of C		Division of Co	
P.O. Box 632	.7	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monro	be Street. Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

882 Magnolia 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  $\frac{12/17/2020}{1}$ and assigned Florida document number \_\_\_\_\_L20000390270 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," the designation "LLC" or the abbreviation "LLC," 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 . Florida

## 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.

City

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
SEC	Jacob Williams	12200 W. Colonial Dr	
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		Winter Garden, FI. 34787	Change
			□Add
		<del></del>	🗆 Remove
			□ Change
			DAdd
			□ Add  2024  TABLE BRemove  Change To Picture 1
			☐Add ☐Remove
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ective date, if other than a effective date is listed, the date: If the date inserted in nument's effective date on	ate must be specific this block does n	c and cannot be prion not meet the applic	r to date of fili cable statutor	ng or more than 9	<b>(optiona</b> 0 days after fili ments, this da	ng.) Pursua	nt to 605.02 t be listed
cord specifies a delayed e s filed.	ffective date, but	not an effective t	ime, at 12:01	a.m. on the ea	rlier of: (b)	The 90th o	lay after th
, September 29		2023	<u> </u>				
red			. [ ]	) -			

Filing Fee: \$25.00