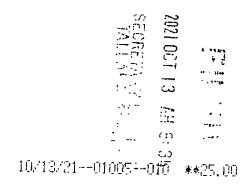
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 1530 Magholin Barn 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:	
Oremy Hislop Name of Person	
Firm/Company	
1530 High load	
Tallahassee fr 32304 City/State and Zip Code	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	
() (Prny Histor) at (805) 484 885 U Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	e of Status &

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 \$10 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1530 MA	gnolia Barn	LLL			
(Name of the Limited Liah	ili v Company as it now appea da Limited Liability Company)	rs on our records.)			
The Articles of Organization for this Limited Liability Florida document number <u>L210000818</u>	Company were filed on _	9 15/2521	and a	ssigned	I
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the li	mited liability company b	<u>iere</u> :			
		**			
The new name must be distinguishable and contain the words "L	imited Liability Company," the	designation "LLC" or the a	bbreviation "	L.L.C."	
Enter new principal offices address, if applicable:				<u>~</u>	
Principal office address MUST BE A STREET ADD	D <u>RESS)</u>		<u>(F3)</u> (도달		
			<u>المُثَّرِّةِ ال</u> المراجية		
				- 3	3.20
Enter new mailing address, if applicable:				::>	<u></u>
(Mailing address MAY BE A POST OFFICE BOX)				တ	- tana
		.	1150	<u>∵</u>	
B. If amending the registered agent and/or registe agent and/or the new registered office address here		records, enter the na	me of the n	iew reg	istered
Name of New Registered Agent:					
New Registered Office Address:	Enter F	lorida street address			
		, Florida _			
	City	-	Zip Coc	le	

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 mercly 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

Address Type of Action Title Name | AMBR Dremy Histor 1530 HIGH board DAdd ်=္ ယ္ _∱ြBemove Change \square Add Remove _____ □Change \square Add Remove ☐ Change

	
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing	
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	filing requirements, this date will not be list
e record specifies a delayed effective date, but not an effective time, at 12:01 a rd is filed.	m, on the earlier of: (b) The 90th day afte
00000 10 12 2021	
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Dated 12 7001	

Filing Fee: \$25.00