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(Rec	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phone #)	·
PICK-UP	☐ WAIT ☐ M	AIL
(Bus	siness Entity Name)	
(Doc	cument Number)	
Certified Copies	Certificates of Status _	
Special Instructions to F		
	J. HORNE JUN 2 4 2024	
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

SOUTHERN MAGNOLIA EX	PRESS GROUP LLC	
Please Debit FCA000000003 For:	25	
Thank you Seth Neeley		
1 1 1 1		
		Art of Inc. File
	} -	LTD Partnership File
	_	Foreign Corp. File
	_	L.C. File
	. –	Fictitious Name File
	-	Trade/Service Mark
	_	Merger File
	_	Art, of Amend, File
	_	RA Resignation
	_	Dissolution / Withdrawal
	-	Annual Report / Reinstatement
	_	Cert. Copy
	_	Photo Copy
	_	Certificate of Good Standing
	_	Certificate of Status
	_	Certificate of Fictitious Name
	_	Corp Record Search
,	_	Officer Search
	_	Fictitious Search
		Fictitious Owner Search
Signature		Vehicle Search
		Driving Record
Requested by:		UCC 1 or 3 File
		UCC 11 Search
Name Date	Time	UCC II Retrieval
Walk-In Will Pick	Up	Courier

COVER LETTER

TO: Registration Section

Division of Cor	porations				
Southern M	lagnolia Express Group LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	indence concerning this matter	to the following:			
	Holly Curbow				
		Name of Person			
	Southern Magnolia Expres	s Group LLC			
		Finn/Company			
	11837 SW 32nd Lane				
		Address			
	Gainesville, FL 32608				
		City/State and Zip Code			
	96gatorbait@gmail.com E-mail address: (to be used for future annual report no	stification)		
For further information c	oncerning this matter, please c	·			
Martha McKenna, Office	· Manager	770 995-2714			
at () Name of Person Area Code Daytime Telephone Numb		me Telephone Number			
Enclosed is a check for the	ne following amount:				
■ \$25,00 Filing Fee	S30.00 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 Section		Street Address: Registration S	ection		
Division of Corporations P.O. Box 6327		Division of Co	•		
Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

2024 J. 1800 1819 1818

Southern Magnolia Express Group 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 3/27/2024 and assigned Florida document number $\frac{L24000140539}{L24000140539}$ 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 "L.I.C" or the abbreviation "L.I.C." 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 _ Cin 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Kimberly Bobb	90 SW 3rd St	≅∧dd
		Unit 3804	
		Miami, Fl. 33130	
			□Remove
		[]Change	
		□Add	
			□Remove
			Change
	***************************************	□Remove	
		□Change	
		□Remove	
		Change	
		□Add	
			□Remove
			Chance

. If amending any	other information	ı, enter change(s) b	nere: (Attach addi	tional sheets, if neces	isary.)
 					
					
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Note: If the date	f other than the da s listed, the date must be inserted in this block tive date on the Depa	does not meet the ap	plicable statutory fi	ling requirements, this	nal) iling.) Parsaant to 605.0207 date will not be listed as
he record specifies ord is filed.				n, on the earlier of: (b)	The 90th day after the
Dated	6 21	202	24 .		
	Sig	Emby He nature of a member of a	uthorked representat	ve of a member	
		PRESIDEN			
		Typed or p	rinted name of signed	· · · · · · · · · · · · · · · · · · ·	

Filing Fee: \$25.00

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	aumalia Espans Croup LLC			
SUBJECT:		ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Holly Curbow			
		Name of Person		
	Southern Magnolia Expres	s Group LLC		
		Firm/Company		
	11837 SW 32nd Lane			
		Address		
	Gainesville, FL 32608			
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	
	96gatorbait@gmail.com	·· ···································		
For further information c	e-mail address: (oncerning this matter, please c	to be used for future annual report no	itification)	
	-	770 995-2714		
Martha McKenna, Office Manager Name of Person			me Telephone Number	
, vame o	i Person	Area Code Dayii	me Terepudue (Sumber	
Enclosed is a check for th	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 Address		Street Address:		
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 632		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303