

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

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Account Name : CAPITOL SERVICES, INC.
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MAGNOLIA HOMES AND LAND LLC

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Corporate Filing Menu

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T. LEMIEUX

MAY 16 2024

COVER LETTER

H24000175167 3

**TO: Registration Section
Division of Corporations****Magnolia Homes and Land LLC****SUBJECT:**

Name of Limited Liability Company

The enclosed Articles of Amendment and fix(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Holly Schmidt

Name of Person

Magnolia Homes and Land LLC

Firm/Company

1644 NE 22nd Avenue Bldg A

Address

Ocala, FL 34470

City/State and Zip Code

hollyarschmidt@gmail.com

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

For further information concerning this matter, please call:

Holly Schmidt**352****362-6030**

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee☐ \$30.00 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:****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**

H24000175167 3

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

H24000175167 3

Magnolia Homes and Land 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 04/08/2024 and assigned
Florida document number 124000158130.

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 "L.L.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:

Holly Schmidt

New Registered Office Address:

1644 NE 22nd Avenue, Bldg A

Enter Florida street address

Ocala

Florida

34470

City

Zip Code

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

H24000175167 3

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

H24000175167 3

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
Owner	Holly Schmidt	1644 NE 22nd Avenue Bldg A, Ocala, FL 34470	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Change

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If 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 record is filed.

Dated May 15 2024

Signature of a member or authorized representative of a member

Holly Schmidt

Typed or printed name of signer

H24000175167 3