L2400022159U

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COVER LETTER

TO: Registration So Division of Coa			
First Magn	olia Ventures LLC		
SUBJECT:	Name of Lim	nited Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	Elizabeth Ashley Wilheln	m	
	-	Name of Person	
	First Magnolia Ventures	LLC	
		Firm/Company	
	P.O. Box 206		
		Address	
	Bonifay, FL 32425-9998		
	ewilhelm.re@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual	report notification)
For further information of	concerning this matter, please c	all:	
Elizabeth Ashley Wilhelm	-		8-8333
Name o	of Person	at () Area Code	Daytime Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee of Certified Copy (additional copy is end	Certificate of Status &
Mailing Address		Street A	
Registration : Division of C		_	ation Section on of Corporations
P O Boy 632	•		ntra of Tallahassee

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

First Magnolia Ventures LLC			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	inv as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L24000221594	were filed on $\frac{5/12/2024}{}$ and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	c/o Eugene P. Brinn, Esq.		
(Principal office address MUST BE A STREET ADDRESS)	5011 Gate Pkwy., Building 100, Suite 100		
	Jacksonville, FL 32256		
Enter new mailing address, if applicable:	First Magnolia Ventures LLC		
(Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 206		
	Bonifay, F1, 32425-9998		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, <u>enter the name of the new registered</u> Enter Florida street address Florida		
	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 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>	<u>Address</u>	Type of Action
AMBR	Eugene P. Brinn	2515 Saint Michel Ct. Ponte Vedra Beach, FL 32082	
			≣ Rепюуе
			□Change
			□Add
		<u></u>	□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□ □ Remove
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			□Change
			□Add
			□Remove
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ective date, if other than the	5/13/2024	(optio	
effective date is listed, the date mu	ist be specific and cannot be prior to d lock does not meet the applicable	ate of filing or more than 90 days after e statutory filing requirements, this	tiling.) Pursuant to 605.0207
cord specifies a delayed effectives filed.	ve date, but not an effective time,	at 12:01 a.m. on the earlier of: (b)	The 90th day after the
May 22	2024		
ed	 ; -		
	17/1	- MGR	
	· · / / []	·	
	Signature of a member or authorize	ed representative of a member	

TTT -- F--- CAE OO