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(Re	equestor's Name)
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		COVERLE	FITER
TO: Registration Division of	n Section Corporations		
	dagnolia Ventures LLC		
SUBJECT:		Name of Limited Liab	oility Company
Dear Sir or Madam:			
The enclosed Statem	nent of Correction and fee(s)	are submitted for filin	<u>u</u> .
Please return all cor	respondence concerning this	matter to the followin	ā:
Aubrey Birrell			
	Name of Person		-
Prime Corporate Se	rvices		
	Firm/Company		_
5250 S Commerce I	Or Ste 200		
	Address		_
Murray, UT \$4107			
	City/State and Zip Code	<u>, ,</u>	-
llesupport@primeco	orporateservices.com		
E-mail address	: (to be used for future annua	l report notification)	_
For further informat	ion concerning this matter, pl	ease call:	
Aubrey Birrell		855 at (577-4639
Na	me of Person	Area Code	Daytime Telephone Number
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	
Enclosed is a check	for the following amount:		
\$25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee. Certificate of Status &

Certificate of Status

Certified Copy

Certificate of Status & Certified Copy

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document. FIRST: The name of the limited liability company is: Blue Magnolia Ventures LLC The Florida Document number of the limited liability company is: L2000249237 SECOND: Document to be corrected is: Articles of Organization THIRD: (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: The address listed is incorrect. It reads 246 Southeast 33rd Place, Ocala, FL 34480. The correct address is: 4236 Southeast 33rd Place, Ocala FL 34480. OR Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are **4** as follows: OR 7 The electronic transmission of the record was defective. Signature of Authorized Representative Date Signature of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation). 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. Thereby confirm that the limited liability company has been notified in writing of this change. Registered Agent's Signature

Filing Fee:

Certified Copy:

S25.00

\$30.00 (optional)