

M210000001728

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

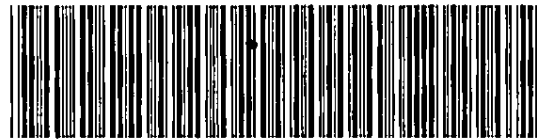
Special Instructions to Filing Officer:

Q. SILAS

JUN 16 2022

6/16/22

Office Use Only



600383258296

03/22/22--01014--004 **30.00

FILED
JUN -6 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

Rec.
6/6/22

May 15, 2022

PAULETTE BRYANT
5234 LAKEWOOD RD
SEBRING, FL 33875

SUBJECT: THE CENTIORIONE GROUP, LLC
Ref. Number: M21000001728

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas
Regulatory Specialist II

Letter Number: 122A00011098

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Centiorione Group, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paulette Bryant
Name of Person

The Centiorione Group, LLC
Firm/Company

5234 Lakewood Drive
Address

Sebring, Florida 33875
City/State and Zip Code

goapd08j@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paulette Bryant at (334) 552-1290
Name 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 & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA

FILED

SECTION I (1-4 must be completed) JUN -6 AM 10:50

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: The Centierione Group, LLC SECRETARY OF STATE
TALLAHASSEE, FL

Enter new principal office address, if applicable: 5234 Lakewood Rd
Sebring, Florida 33875
(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____
(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: 12/000001728

3. Jurisdiction of its organization: Florida Mississippi

4. Date authorized to do business in Florida: 5 February 2021

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: ~~Magnolia Workplace Solutions, LLC~~ PB
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

Magnolia Workplace Solutions, LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a
copy of the written consent of the managers or managing members adopting the alternate name. The alternate name
must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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 _____
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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

☒ Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.

Paulette Bryant
Signature of the authorized representative

Paulette Bryant
Typed or printed name of signee

Filing Fee: \$25.00

F0012
Fee: \$ 50



Michael Watson
SECRETARY OF STATE

2022284146

Business ID: 1161162
Filed: 05/19/2022 01:29 PM
Michael Watson
Secretary of State

Articles/Certificate of Amendment

Business Details

Business ID: 1161162

Business Name: The Centurione Group LLC

Future Effective Date: 05/20/2022

Current Business Name

Business Name: The Centurione Group LLC

Amended Business Name

Business Name: Magnolia Workplace Solutions, LLC

Signature

By entering my name in the space provided, I certify that I am authorized to file this document on behalf of this entity, have examined the document and, to the best of my knowledge and belief, it is true, correct and complete as of this day **05/19/2022**.

Name:

paulette bryant
President

Address:

5234 LAKEWOOD RD
SEBRING, FL 33875