

Division of Corporations

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L 15000026772

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From:
Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOJANO & BOZARTH, P.A.
Account Number : 076077001702
Phone : (407)841-1200
Fax Number : (407)423-1831

Enter the email address for this business' entity to be used for future annual report mailings. Enter only one email address please.

Email Address: reiniciar2015@gmail.com

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MINIKALL GP, LLC

Certificate of Status	0
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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

((H17000244984 3))

Minikall GP, LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on February 12, 2015 and assigned
Florida document number L15000026772

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:

8546 Palm Parkway, #362

(Principal office address MUST BE A STREET ADDRESS)

Orlando, FL 32836

Enter new mailing address, if applicable:

8546 Palm Parkway, #362

(Mailing address MAY BE A POST OFFICE BOX)

Orlando, FL 32836

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: Dean Mead Services, LLC

New Registered Office Address: 420 S. Orange Avenue, Suite 700

Enter Florida street address

Orlando

Florida

32801

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.

Dean Mead Services, LLC

By:
If Changing Registered Agent, Signature of New Registered Agent

