118000 118335

(Re	questor's Name)	_
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

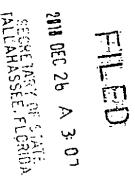
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D. SCOTT

JAN 8 2019

COVER LETTER

TO:

TO: Registration S Division of Co			
SUBJECT: Mid	as Touch Services	LLC	
	Name of Limi	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	pondence concerning this matter	to the following:	
	Aaron lee Dear	Name of Person	
	Midgs Touch	Services LCC Firm/Company	
	3125 wcs	t Blount St Address	
	Pensacola F	City/State and Zip Code	ALLAH ALLAH
		CityState and Zip Code Cing 1987e gmail.com to be used for future annual report noti	WILL OF CALL AND SECRETARY OF STATE ORIGINAL AND SECRETARY OF LORIGINATION OF LORIGINAL AND SECRETARY
For further information	concerning this matter, please co	ali:	STATE OF THE STATE
Aaron Name	e of Person	at (<u>\$ 50</u>) 860 Area Code Daytim	3409 P
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	S30.00 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)
Regi Divi: P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 thassee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce	en rations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1111 000 10001	jervices l		
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	<u>r as it now appear</u> ibility Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company w Florida document numberLISODO118335	rere filed on	May 11 2018	and assigned
amendment is submitted to amend the following: 'amending name, enter the new name of the limited liability company here: Ex name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." In new principal offices address, if applicable: cipal office address MUST BE A STREET ADDRESS cr new mailing address, if applicable: ling address MAY BE A POST OFFICE BOX If amending the registered agent and/or registered office address on our records, enter the new tered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Emer Florida street address City Zip Code			
A. If amending name, enter the new name of the limited liabili	ity company h	ere:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the c	designation "LLC" or the abb	reviation "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 offi	ice address or	our records, enter t	20 THE COMMENT OF THE
registered agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	rida 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 provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a	erformance of ovided for in (fmy duties, and Lam fa Chapter 605, F.S. Or, i	miliar with and f this document is

If Changing Registered Agent, Signature of New Registered Agent

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>	Address	Type of Action
Ambr	Carstarphen laparrish D	916 Artesian Avenue Pensacole 32505	KFU□ Add
Mgr	Auran lee Dean	3125 West Blount Street	⊠ Add
		Pensacola FL 32505	□ Remove
			Change
		A STUE	Add Remove
			Add Signature Remove
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	REF O
ecti	ve date, if other than the date of filing: (optional)
	etive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after (filing.) Pursuant to 605.0 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
	ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
'he	90th day after the record is filed.
ted_	December 20, 2018. Agus Le Dear Signature of a member or authorized representative of a member
	Augus S. Dear
	Signature of a member or authorized representative of a member
	Haron Lee Dean Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00