

K21000421161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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22 FEB 04 PM 3:19

T. MATTHEWS

FEB -1 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Mid Florida Wholesale LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeisson Tavares

Name of Person

Mid Florida Wholesale LLC

Firm/Company

55 West Church St Apt. 2118

Address

Orlando FL 32801

City/State and Zip Code

admin@midfloridawholesale.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeisson Tavares

at (321) 316-1127

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 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)

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Mid Florida Wholesale LLC

22 JUN 2021 PM 3:19

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

The Articles of Organization for this Limited Liability Company were filed on 09/23/2021 and assigned Florida document number L21000421161.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

55 West Church St Apt. 2118

(Principal office address MUST BE A STREET ADDRESS)

Orlando FL 32801

Enter new mailing address, if applicable:

55 West Church St Apt. 2118

(Mailing address MAY BE A POST OFFICE BOX)

Orlando FL 32801

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: Jeremy Santiago

New Registered Office Address: 2488 Treehaven Dr

Enter Florida street address

Deltona

City

Florida 32738

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.


Jeremy Santiago Jun 20 2022 14:31 EST

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Type of Action</u>
AMBR	Jeremy Santiago	2488 Trechaven Dr	<input checked="" type="checkbox"/> Add
		Deltona FL 32738	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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