

L22000341011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

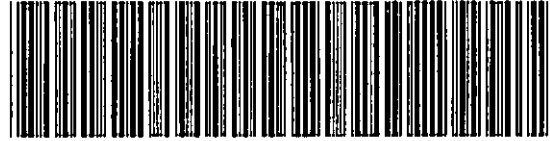
(Business Entity Name)

(Document Number)

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08/15/22--01006--022 **25.00

22 AUG 15 PM 12: 57
DIVISION OF CORPORATIONS
STATE OF ILLINOIS



LAW OFFICES OF
PAYNE & JONES
CHARTERED

JAMIE R. BROWN
jbrown@paynejones.com

August 9, 2022

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

22 AUG 15 PM 12:57
DIVISION OF CORPORATIONS

Re: Articles of Amendment to Articles of Organization for Mite KW, LLC
Document No. L22000341011

Dear Sir or Madam:

Please find enclosed the Articles of Amendment to Articles of Organization for filing for the above-referenced entity. I have also enclosed a check in the amount of \$25.00 to cover the requisite filing fee.

Please also find enclosed an envelope for return of the filed Amendment. If you should need any additional information from me, please do not hesitate to contact me.

Thank you for your assistance in this matter.

Very truly yours,

Jamie R. Brown
For Payne & Jones, Chartered

JRB/enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Mite KW, 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:

Jamie Brown

Name of Person

Payne & Jones Chtd

Firm/Company

PO Box 25626

Address

Overland Park, KS 66225

City/State and Zip Code

jbrown@paynejones.com

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

State Dept of Banking
 DIVISION OF CORPORATIONS

22 AUG 15 PM 12: 58

For further information concerning this matter, please call:

Jamie Brown

913 469-4100

at ()

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**

MITE KW, LLC

(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 8/2/2022 and assigned Florida document number L22000341011.

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:

(Principal office address MUST BE A STREET ADDRESS)

22 AUG 15 PM 12: 57	STATE OF FLORIDA
	DEPARTMENT OF REVENUE
	DIVISION OF CORPORATE SERVICES

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: _____

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

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>
MGR	Mitch Gravley		<input type="checkbox"/> Add
		1124 William St., Key West, FL 33040	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR MGR	Dale Ashlock	1124 William St., Key West, FL 33040	<input checked="" type="checkbox"/> Add
			<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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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

22 AUG 15 PM 12:58
 DIVISION OF CORPORATE AFFAIRS
 STATE OF FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

22 AUG 15 PM 12:58
DIVISION OF CORPORATION

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective 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 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated August 9, 2022

Teri Gravley
Signature of a member or authorized representative of a member

Teri Gravley
Typed or printed name of signee

Filing Fee: \$25.00

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

MITE KW, LLC

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

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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:

(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 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:

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

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

Title Name Address Type of Action

MGR Mitch Gravley _____ Add

1124 William St., Key West, FL 33040 Remove

_____ Change

MGR
~~AMBR~~

Dale Ashlock

1124 William St., Key West, FL 33040 Add

_____ Remove

_____ Change

_____ Add

_____ Remove

_____ Change

_____ Add

_____ Remove

_____ Change

_____ Add

_____ Remove

_____ Change

_____ Add

Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

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Dated August 9, 2022

Terri Gravley
Signature of a member or authorized representative of a member

Terri Gravley

Typed or printed name of signee