

L12000042235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

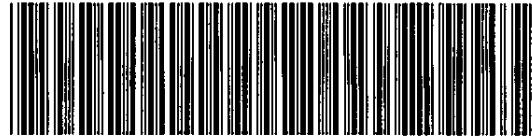
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WM
10/27/14

MD MIGHELL DEVELOPMENT

October 13, 2014

TEAM MIGHELL

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Amendment to Articles of Organization

Dear Sir/Madam

Enclosed is the form for amendment of my LLC, along with a check in the amount of \$25.00 for filing.

If there are any questions please contact me at 239-777-1719

Thank you in advance,



Gary A. Mighell

**TO
ARTICLES OF ORGANIZATION
OF**

Mighell Development 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 March 27, 2012 and assigned
Florida document number L12000042235.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

868 Villa Florenza Drive

(Principal office address MUST BE A STREET ADDRESS)

Naples, Florida 34119

Enter new mailing address, if applicable:

868 Villa Florenza Drive

(Mailing address MAY BE A POST OFFICE BOX)

Naples, Florida 34119

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:

868 Villa Florenza Drive

Enter Florida street address

Naples

, Florida 34119

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

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TALLAHASSEE, FLORIDA

MGR = Manager
AMBR = Authorized Member

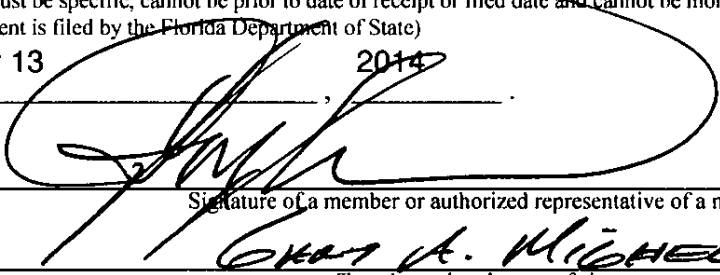
AMBR = Authorized Member

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TALLAHASSEE FL 32399
Remove

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated October 13, 2014



Signature of a member or authorized representative of a member

Grant A. Mitchell

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA