Florida Department PState Division of Corporations Electronic Filling Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : KIM MARKS CPA

Account Number : 120120000072 Phone : (305)895-5815

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

: (305)895-6273

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Fax Number

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MIDAEZ LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF FILED

MIDAEZ LLC	2019 D	ECIO P K#6
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our re	cords.)
		网络托车 1月 (5-14) [2
The Articles of Organization for this Limited Liability Company of	vere filed on August 15, 20	ASSEE, FLURIUA and assigned
Florida document number 1.12000105325		
This amendment is submitted to amend the following:	-	
A. If amending name, enter the new name of the limited liability	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y 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)		
		<u> </u>
B. If amending the registered agent and/or registered office ad	ldress on our records, <u>er</u>	ter the name of the new registere
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		<u> </u>
	Enter Florida street ad	ddress
		, 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 my duties ovided for in Chapter 6	s, and I am familiar with and 05, F.S. Or, if this document is
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>	Address	Type of Action
MGR	SANDRA HAMER	2136 NE 123rd Street	
		North Miami FL 33181	■ Remove
			Change
MGR	GRATZ BUSINESS LTD	2136 NE 123rd Street	🗗 Add
		North Miami, FL 33181	□Remove
			i □Add
			□Change
			□Remove
			□Add
			∏ □Remove
			□ Change
			: □Add !
			□Remove
			Change

	ion, enter change(s) here: (Attach	
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effective date is listed, the date must l	k does not meet the applicable statutor	(optional) ng or more than 90 days after fiting.) Pursuant to 60: ry filing requirements, this date will not be list
ord specifies a delayed effective filed.	late, but not an effective time, at 12:01	la.m. on the earlier of: (b) The 90th day afte
December 10	2019	
16dd/		
m Z s	gnature of a member or authorized represe	ntative of a member