## L/2000114794

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(Address)				
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## **COVER LETTER**

	ion of Corporations		
CUDIECT.	MIKADETE HOLDINGS, LLC		
SUBJECT: _	Name of Limited Liability Company		
		•	
The enclosed	Articles of Amendment and fee(s) are submitted for filing.		
Please return a	Il correspondence concerning this matter to the following:		
	Michael McClary/Kathaleen McClary	_	
	Name of Person		
	MIKADETE HOLDINGS, LLC	_	
	Firm/Company		
	PO BOX 236	AIZ OCT 12	
	Address		1
	Riverview, FL 33568		
	City/State and Zip Code	PH 3 26	
	mkmcclary@tampabay.rr.com E-mail address: (to be used for future annual report notification)		
Fa., 64b !6	fr. 1	\$ 25 25	
ror turmer int	ormation concerning this matter, please call:		
Micha	el McClary/ Kathaleen McClary at ( 813 ) 326-1586		
	Name of Person Area Code & Daytime Telephone Numb	er	
Enclosed is a c	check for the following amount:		
\$25.00 Fili	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified Copy is enclosed)	iling Fee, cate of Status & ed Copy onal copy is enclo	osed)
	MAILING ADDRESS: STREET/COURIER ADDRESS:  Pagintentian Section Pagintentian Section		
	Registration Section Registration Section Division of Corporations Division of Corporations		
	P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle		

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIZADETE HOLDINGS LLC

(Name of the Limited Liability Cor (A Florida Limit	MOLDINGS, LLC mpany as it now appears on our r	ecords.)	
(A Florida Limit	ted Liability Company)		
The Articles of Organization for this Limited Liability Comp Florida document number L12000114794	pany were filed on Septemb	er 6, 2012 and assigned	
Profida document number			
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 "L.L.C."	Limited Liability Company," the de	F 7	
Enter new principal offices address, if applicable:		a a n	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	28 Z Z	
		SATE 2	
Enter new mailing address, if applicable:	PO Box 236	26 26 26 26 26 26 26 26 26 26 26 26 26 2	
(Mailing address MAY BE A POST OFFICE BOX)	Riverview, FL 33568		
	·		
B. If amending the registered agent and/or registered		ds, 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	
<del> </del>	City	7in 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 608, 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added-or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Kathaleen McClary	3539 Osprey Cove Drive Riverview, FL 33578	Add Remove
MGR_	Michael McClary	3539 Osprey Cove Drive Riverview, FL 33578	Add Remove
<u>MGRM</u>	Michael McClary	3539 Osprey Cove Drive Riverview, FL 33578	✓ Add ☐ Remove
			Add Remove
			Add Remove
<del></del>			Add Remove
	ling any other information, enter c	hange(s) here: (Attach additional sheets, if necessar	FILED 21/2 COT 12 PM 3-26
Dated	October 10	2012 ) 1 ( aux	<del></del>
	Signature of a mo	ember or authorized representative of a member	<del></del>
		Kathaleer McClary Typed or printed name of signee	
		÷• • • • • • • • • • • • • • • • • • •	

Page 2 of 2

Filing Fee: \$25.00