# 13000020161

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ALLAHASSEE, FLORIO.

B. BOSTICK

JUL 19 2013

EXAMINER

### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT:

# Middle Grounds Enterprises, 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:

	Jack Lavery					
Name of Person						
	Middle Grounds Enterprises, LLC					
	Firm/Company					
	9923 River Dr					
		Address				
	Gibsonton, FL 33534					
		City/State and Zip Code				
	jacklavery@elited	cnc.com		<b>⊼</b>	r~>	
	E-mail address: (t	o be used for future annual report notificati	on)	FC	<del>u</del>	
For further information co	oncerning this matter, please ca	all:		AE	2813 JUL	
jack lavery		813 <sub>3</sub> 40-734	3	3388	8	genamen genamen genamen g 2 g
Name of	f Person	Area Code & Daytime Te	lephone Number	FI ORI	AHII: 3	
Enclosed is a check for th	e 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 Filir Certificate Certified (	e of Statu	s &	

#### **MAILING ADDRESS:**

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

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

Middle Grounds Enterprise		_	
(Name of the Limited	l Liability Company as it now a A Florida Limited Liability Compa	ppears on our records.) any)	
The Articles of Organization for this Limited L Florida document number <u>L13000020761</u>	iability Company were filed on	2/8/2013 and as	ssigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liability compan	<u>y here</u> :	
The new name must be distinguishable and end w"L.L.C."	ith the words "Limited Liability C	Company," the designation "LLC" or the	abbreviation
Enter new principal offices address, if appli-	cable:	<b>Z</b> er	2813
(Principal office address MUST BE A STREE		<b>&gt;</b>	
		S) X	<del>-</del>
Enter new mailing address, if applicable:		700 700 700	
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	70 A	<u>မွ</u> တ
B. If amending the registered agent and registered agent and/or the new registered of		on our records, enter the name	of the new
Name of New Registered Agent:	Jack Lavery		<del></del>
New Registered Office Address:	9923 River DR		<del> </del>
		Enter Florida street address	
	Gibsonton	, Florida 33534	
	City	Zip Cod	de
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 Changing Registered Agent, Signature of Now Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Type of Action Title** <u>Name</u> <u>Address</u> Remove Remove ALLANT OF STATE Add Remove Remove Remove

If amend	ding any other information, enter change(s) here: (A	ttach additional sheets, if necessary.)
		· · · · · · · · · · · · · · · · · · ·
ed July	ly 17 2013	
	Jack lan	ery
	Signature of a member or authorized	representative of a member
	Jack Lavery/	
	Typed or printed nan	ne of signee
	// Page 3 of	`3
	Filing Fee: 9	25.00

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SEURETARY OF STATE
TALLAHASSEE, FLORIDA