

L13000085700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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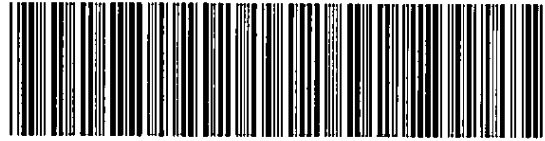
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MIDAS TOUCH CLEANING & LOGISTICS, 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:

STEVEN E POWELL

Name of Person

MIDAS TOUCH CLEANING & LOGISTICS, LLC

Firm/Company

P.O. BOX 92513

Address

LAKELAND, FLORIDA 33804

City/State and Zip Code

chippowell85@hotmail.com

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

For further information concerning this matter, please call:

STEVEN E POWELL

813 784-5661
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

MIDAS TOUCH CLEANING & LOGISTICS, 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 07/01/2013 and assigned
Florida document number L13000085700.

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)

STEVEN E POWELL

6817 HUNTERS CROSSING BLVD

LAKELAND, FLORIDA 33809

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. BOX 92513

LAKELAND, FLORIDA 33804

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:

STEVEN E POWELL

New Registered Office Address:

P.O. BOX 92513

Enter Florida street address

LAKELAND

Florida 33804

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>
MANAGI	URSULA MCALLISTER	6817 HUNTERS CROSSING BL	<input type="checkbox"/> Add
		LAKELAND, FLORIDA 33809	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MANAGI	YESENIA TERRY	6817 HUNTERS CROSSING BL	<input checked="" type="checkbox"/> Add
		LAKELAND, FLORIDA 33809	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MANAGI	LAKORRI D GALLISHAW	6817 HUNTERS CROSSING BL	<input checked="" type="checkbox"/> Add
		LAKELAND, FLORIDA 33809	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MANAGI	DEONDRE POWELL	6817 HUNTERS CROSSING BL	<input checked="" type="checkbox"/> Add
		LAKELAND, FLORIDA 33809	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

18 JUL -9 AM 8:36

SECRETARY OF STATE
DIVISION OF CONSTITUTIONAL AFFAIRS
18 JUL -9 AM 8:36

(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)

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 _____, _____.

STEVEN E POWELL

Typed or printed name of signee