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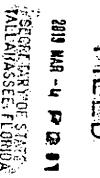
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HAR 1 2 2019 T. LEMIEUX

COVER LETTER

TO:		gistration Sec vision of Corp			
CIN	DIECT.	MID CITY	INVESTMENTS LLC		
SUI	вјест:				
The	enclosed	d Articles of a	Amendment and fee(s) are subt	nitted for filing.	
			ndence concerning this matter t		
			GERALD S. LESHER ESC	•	
				Name of Person	
				Firm/Company	
			511 S OLIVE AVE		
			WEST PALM BEACH FL	Address 33401	
			LESHERLAW@AOL.COM	City/State and Zip Code	
			E-mail address: (t	o be used for future annual report notif	fication)
For	further i	nformation co	oncerning this matter, please ca	all:	
GE	RALD S	LESHER	20	at () 471-7155	T.L. aka - Norskar
		Name of	t Person	Area Code Daytime	e Telephone Number
Enc	losed is	a check for th	ne 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 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



MID CITY INVESTMENTS LLC

(Name of the Limited Liability Company as it now appears on our (A Florida Limited Liability Company)

The Articles of Organization for this Limited L	iability Company w	ere filed on ^{08/02}	SECRETARY OF STATE 2/20 TALL'AHASSEE, FLORIDASigned
Florida document number L13000109353			
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liabilit	ty company hero	ī.
The new name must be distinguishable and contain the	words "Limited Liability	Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	
(Principal office address MUST BE A STREE	ET ADDRESS)	<u> </u>	
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	E BOX)		
B. If amending the registered agent and registered agent and/or the new registered of		ce address on	our records, <u>enter the name of the new</u>
Name of New Registered Agent: GERALD S.		HER	
New Registered Office Address:	511 S OLIVE AV		a street address
	WEST PALM BE	EACH	, Florida 33401
		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>	Address	Type of Action
MGR	ABDUL H. SANKER	6701 LAKE WORTH RD LAKE WORTH FL 33467	Add
			☐ Remove
			☐ Change
AMBR	RUMANA SANKER	6701 LAKE WORTH RD LAKE WORTH FL 33467	
			☐ Remove
			Change
			Remove
			_ Change
			☐ Remove
			Change
			Add
			☐ Remove
			Change
			Add
			Remove
			Change

•	
E. Effe	ctive date, if other than the date of filing: (optional) 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
Note	2: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the innent's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: ne 90th day after the record is filed.
Б.	, FEB 26, 2019
Date	Aure In
	γ
	Signature of a member or authorized representative of a member
	GERALD S. LESHER AUTHORIZED REPRENTATIVE

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00