

L15000012445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

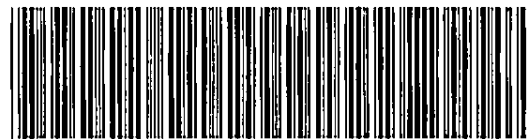
(Document Number)

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Y SULKER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 2, 2017

JASON J FENNER  
12485 SW 9TH PLACE  
DAVIE, FL 33325

SUBJECT: MADISON MATILDA, LLC  
Ref. Number: L15000012445

We have received your document for MADISON MATILDA, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker  
Regulatory Specialist II

Letter Number: 217A00022227

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

Madison Matilda 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 January 21, 2015 and assigned  
Florida document number L15000012445.

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)**

12485 SW 9th Place

Davie, FL 33325

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

12485 SW 9th Place

Davie, FL 33325

**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:

Hunter T. Kingsley

New Registered Office Address:

12485 SW 9th Place

*Enter Florida street address*

Davie

Florida 33325

*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.*

Hunter T. Kingsley  
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>
MGR	Jason J Fenner	N688 Wishing Well Ln.	<input type="checkbox"/> Add
		Fort Atkinson, WI 53156	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Hunter T Kingsley	12485 SW 9th Place	<input checked="" type="checkbox"/> Add
		Davie, FL 33325	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Christopher Blades	1501 22nd Avenue North	<input type="checkbox"/> Add
		St. Petersburg, FL 33704	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Robert Newberry	2610 East Ave. N	<input checked="" type="checkbox"/> Add
		Onalaska, WI 54650	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	<i>Diverse Computer Corporation</i>	W229N1433 Westwood Dr. #205	<input type="checkbox"/> Add
		Waukesha, WI 53186	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	<i>Greg Miedon</i>	2103 Bay Ct.	<input checked="" type="checkbox"/> Add
		High Point, NC 27654	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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17 NOV 60 A11 8:49

October 27, 2017

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated \_\_\_\_\_, \_\_\_\_\_

Signature \_\_\_\_\_

Signature of a member or authorized representative of a member

Jason J Fenner

Typed or printed name of signee