L15000200889

(Re	equestor's Name)	
(Ad	Idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	ne #1
		· ······
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
	10	1/22/21
		(1))

Office Use Only



500374759155

10/12/21--01029--022 **25.00

21 0CT 21 PM 3: 09

COVER LETTER

	Registration Se Division of Cor			
end ie <i>c</i>	MID-J'S, L	LC		
SUBJEC	.1;	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub		
		WILLIAM GREEN		
			Name of Person	
		MID-J'S, LLC.		
			Firm/Company	
		186 TRACY CT E.		
			Address	
		HAINES CITY, FL		
			City/State and Zip Code	
		malykih green 10 E-mail address: (amail. Com to be used for future annual report notif	ication)
For furth	er information c	oncerning this matter, please ca		,
WILLIA	M GREEN		850 394-7461 at ()	
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$ 25.0	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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 OCT 21 PH 3: 09

Zip Code

MID-J'S, LLC.		
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.15000200889	were filed on DEC. 01,2015 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	nility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company." the designation "L.L.C." or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	186 TRACY CT E.	
(Principal office address MUST BE A STREET ADDRESS)	HAINES CITY, FL 33844	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	186 TRACY CT E.	
	HAINES CITY, FL 33844	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, enter the name of the new registers	
	rnier r toriaa street aaaress	
	171	

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.

City

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 21 OCT 21 PH 3: 09

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	WILLIAM GREEN	186 TRACY CT. E	
		HAINES CITY, FL 33844	□Remove
			□Change
MGR TINISHA RILEY	186 TRACY CT. E	□Add	
	HAINES CITY, FL 33844	□Remove	
			\BChange
AMBR	MAZARIAH GREEN	186 TRACY CT. E	□Add
		HAINES CITY, FL 33844	□Remove
			□Add
			Remove
		□Change	
		□Add	
			□ Remove
		□Change	
		□Add	
		□Remove	
		□Change	

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	21 00121 711 3-09
	
_	
_	
_	
_	
_	·
_	
_	
_	
Mectiv	e date, if other than the date of filing: (optional)
If an effec	e date, if other than the date of filing: (optional) tive 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
Note: I	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
docume	nt's effective date on the Department of State's records.
	and an are beparation of state s records.
e 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
d is file	is a set of the control take, but not an effective time, at 12.01 a.m. on the earlier of the your day after the
- 10 1110	
Dated	
Jaica _	
	Timber Kilery
	Turisha Riley Signature of a member or authorized representative of a member
	v - ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
	TINISHA RILEY
	Typed or printed name of signee