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## **COVER LETTER**

то:	Registration Se Division of Cor					
		MERCHANTS LLC				
Name of Limited Liability Company						
The encl	losed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please re	eturn all correspo	ndence concerning this matter	to the following:			
		Mark Giannulis				
			Name of Person	<del></del>		
	MIDS FOR MERCHANTS LLC					
	Firm Company					
3152 Little Rd =114						
	Address					
	New Port Richey, FL 34655					
		-	City/State and Zip Code	<del></del>		
		admin@myrealestatebusino				
		E-mail address: (	to be used for future annual report notif	ication)		
For furth	ner information c	oncerning this matter, please c	all:			
Mark G	iannulis		615 499-3338			
	Name o	f Person	Area Code Daytime	: Telephone Number		
Enclosed	l is a check for th	e following amount:				
□ \$25.0	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional 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

MIDS FOR MERCHANTS LLC		
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C		and assigned
Florida document number L16000041011		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited 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 ADDI	RESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
Hunning waaress SIAT BL AT UST OFFICE BUAY		
3. If amending the registered agent and/or regis	stered affice address on our records antes	er the name of the
egistered agent and/or the new registered office add	ress here:	the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<del>-</del>
	, Florida _	Zip Code
	~ **,*	THE COLE

## 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	Mike Williams	3152 Little Rd #114 New Port Richey, FL 34655	
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			☐ Change
			Add
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Effective date.	if other than the date of filing:	(optional)
If an effective date	is listed, the date must be specific and cannot be prior to date of filing or mor	re than 90 days after filing.) Pursuant to 605,0207
document's effection	e inserted in this block does not meet the applicable statutory filing tive date on the Department of State's records.	requirements, this date will not be listed as
	•	
The 90th da	cifies a delayed effective date, but not an effective tir by after the record is filed.	me, at 12:01 a.m. on the earlier of
Dated F	Moh A. Games	
	MM I M C	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00