L17000028910

(Re	equestor's Name)	
•	·	
(Ac	ddress)	
`	,	
(Ac	ddress)	
(
· · · · · · · · · · · · · · · · · · ·	ty/State/Zip/Phone	#0
	ty/State/Zip/Filone	· **)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
-,	·	
		·
	•	

Office Use Only



100299059231

05/11/17--01035--015 **25.00

2011 NAY II P II 58 SECRETARY OF STATE.

> D. BRUCE MAY 12 2017



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 7, 2017

MITCH LAW 571 COMMONWEALTH BLVD PORT ORANGE, FL 32127

SUBJECT: MITCH & SON LLC Ref. Number: L17000028910

We have received your document for MITCH & SON LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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

Deborah Bruce Regulatory Specialist II

Letter Number: 517A00004273

ANY II P III

83

www.sunbiz.org

COVER LETTER

Division of Cor					
MITCH & SUBJECT:	SON LLC				
SUBJECT.	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: MITCH LAW Name of Person MITCH & SON LLC Firm/Company 571 COMMONWEALTH BLVD Address PORT ORANGE FL 32127 City/State and Zip Code taxpreppros@cfl.rr.com E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) FOR further information concerning this matter, please call: MITCHELL LAW Name of Person Area Code Daytime Telephone Number: Section of the following amount: Section of Status Certificate of Status Certificate of Status Certificate of Status				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
	•				
	MITCH LAW				
		Name of Person		-	
	MITCH & SON LLC				
·		Firm/Company		_	
	. 571 COMMONWEALTH	BLVD			
		Address		-	·
,	PORT ORANGE FL 321	27		TAL S	
		City/State and Zip Code	 	ECG ECA	£274.7
				A SECTION OF THE SECT	
For further information of		•	ication)	ùο	m
MITCHELL LAW	·		•	F: STAI	O
Name o	of Person		Telephone Number		
Enclosed is a check for t	he following amount:	,			•
\$25.00 Filing Fee			Certifica Certified	ite of Status &	

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 ARTICLES OF ORGANIZATION **OF**

Chis 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 "LLC." Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	MITCH & SON LLC		
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 "LLC." Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our d Liability Company)	records,)
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 "LLC." Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address Florida Zip Code	• • • • • • • • • • • • • • • • • • • •	ny were filed on 02/06/201	7 and assigned
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 "LLC." Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address Tip Code	lorida document number		,
Enter new mailing address, if applicable: Principal office address MUST BE A STREET ADDRESS	his amendment is submitted to amend the following:		
Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City Zip Code	A. If amending name, <u>enter the new name of the limited lia</u>	ibility company here:	
Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City Zip Code			
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address City Tip Code	he new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX Structure of the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City Zip Code	Enter new principal offices address, if applicable:		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City Zip Code	Principal office address MUST BE A STREET ADDRESS)		7 ~
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City Zip Code			
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City Zip Code			£ 6 ₹ 1 1
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City Zip Code		·	SS
B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City Zip Code	• • • • • • • • • • • • • • • • • • • •		
Name of New Registered Agent: New Registered Office Address: New Registered Office Address Enter Florida street address	Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City Zip Code			27 E
And the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City Zip Code			
New Registered Office Address: Enter Florida street address , Florida City Zip Code			records, enter the name of the
New Registered Office Address: Enter Florida street address , Florida City Zip Code	. Name of New Registered Agent		
Enter Florida street address	Nume of New Registered Agent.		
, Florida	New Registered Office Address:	F Fl: J	
City Zip Code		Enter Pioriaa strei	et acaress
•			, Florida
New Registered Agent's Signature, if changing Registered Agent:		•	Zıp Code

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>	Name	Address	Type of Action
AMBR	TERRY LAW	139 W LOOP CIRCLE	■ Add
÷		OAK HILL, FL 32759	☐ Remove
			□ Change
			□ Add ˈ
			□ Remove
			☐ Change
	· · ·		
			20 Remove TALLAHAS
			ASSE Add
			Remove
•	· ·		Change
			Add
	•		□ Remove
			☐ Change
			Add
		1	□ Remove
			□ Change

•							
					-		
							
					•		
	<u> </u>						
	•						
		· · · · · · · · · · · · · · · · · · ·					
	•						
							•
					Ac	N3	
					A S	17	
	***				المال المالية المالية المالية		T
					SSE	_	
					OF S	Ū	m.
					TARE TO THE TARE	#:	
					<u> </u>	<u>60</u>	
fective date, if other than effective date is listed, the date	n the date of fili ite must be specific a	ng: nd cannot be pric	or to date of filin	g or more than 90	(optional) days after filing) .) Pursuan	ıt to 605.02
ote: If the date inserted in to cument's effective date on	his block does not	t meet the appli	cable statutory	filing requiren	ents, this date	will not	be listed
record specifies a de The 90th day after the			ot an effect	ive time, at	12:01 a.m.	on-the	earlier
rted FEB 25		2017					
// 0 [Au\ /	_ 7	<u> </u>				
// \	(1/11) /	•		ntative of a memb	•		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00