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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MIDWEST PRODERTY CONSULTANT Name of Limited Liability Company	S 11C
The enclosed Articles of Amendment and fee(s) are submitted for filing.	70.
Please return all correspondence concerning this matter to the following:	TECKE A
SCOTT HADDIS Name of Person	CEIVE ASSEE, FI
Firm/Company	ORIDA
PD BOX 04/63 Address DETROIT, MI 48204 City/State and Zip Code SCOTT HARRIS 305 & GMX · COX E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	FIL-ED FILLED SECRETARY OF STATE SECRETARY OF STATE
Name of Person Area Code Daytime Telephone Number	· · · · · · ·
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified C	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 TO ARTICLES OF ORGANIZATION OF

MIDNE		274 CONSUL	CTANTO	110	
(Name of the Limite	d Liability Company as it A Florida Limited Liability	now appears on our Company)	r records.)		
The Articles of Organization for this Limited Lia Florida document number <u>L.1700</u> /36	ability Company were the second secon	filed on	.20.17	and ass	igned
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liability co	ompany here:			
The new name must be distinguishable and contain the wo	ords "Limited Liability Con	mpany," the designation	on "LLC" or the ab	brevlation L.	L.C."
Enter new principal offices address, if applica	ble:	····			<u> </u>
(Principal office address MUST BE A STREET	ADDRESS)			S TO SEE	Th D
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B		· · · · · · · · · · · · · · · · · · ·	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
B. If amending the registered agent and/o registered agent and/or the new registered off	_	ddress on our i	records, <u>enter</u>	the name	of the new
Name of New Registered Agent: New Registered Office Address:	TASON	KEHD Caliano 8)E r		
	Coral Coal	Enier Florida stree No.S ty	et address, Florida	33 3 ^L 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, thereby 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
MGR	Jason Kehoc	1650 Galiano st. Coral Gables, Fl 33134	■ Add
			□ Remove
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MGR	Scott Harris		🗀 Add
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n effective date is listed, the date must be specific and cannot be prior to te: If the date inserted in this block does not meet the applicab	date of filing or more than 90	days after filing.) Pursua	ant to 605.0
cument's effective date on the Department of State's records.	no simulary rining requirer	ments, this date with no	t oc natet
record specifies a delayed effective date, but not a The 90th day after the record is filed.	an effective time, at	12:01 a.m. on the	e earliei
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Signature of a member of authoriz	red tenregentative of a memb	۴	

Page 3 of 3

Filing Fee: \$25.00