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COVER LETTER

Division of Corporations
SUBJECT: MID-BELL LLC
Name of Limited Liability Company
 The enclosed Articles of Amendment and fee(s) aire submitted for filing.
Please return all correspondence concerning this matter to the following:
LAUREN MIDLARSKY BELLMAN Name of Person
MID-BELL LLC Firm/Company
3820 NW 50PD STREET
BOCA RATON FL 33496 City/State and Zip Code
Bellionas & Guai Com E-mail address: (to be used for future annual report notitication)
For further information concerning this matter, please call:
LAUREN Bellman at (561) 329-1821 Name of Person Area Code Daytime Telephone Number
Author Ferson
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee \$\Bigcup \$55.00 Filing Fee \$\Bigcup \$60.00 Filing Fee.\$\Bigcup \$60.00 Filing Fee.\$\B
T 500 CORTIFUAR OF STATUS (additional copy is enclos

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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**

MID - BEL	L. LLC
(Name of the Limited Liability Compa) (A Florida Limited I.	ny as it now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on AJ605T 25, 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabil 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)	ity Company." the designation "LLC" or the abbreviation 1, L.C."
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address: Soe A	> MIDGARSKY Bellman
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

Page 1 of 3

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 = Ma AMBR = Au	nnager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	DAVID BELLMAND	3839 MM 29KD	Add
	1	BOCA RATON FL 334	Remove
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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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i an eff Note:	tive date, if other than the date of filing: (optional) fective 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
ated	Lan Midt Belle
	Signature of a member of authorized representative of a member
	LAUREN MIDLARSKY DO MAN

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Filing Fee: \$25.00