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| (F                      | Requestor's Name)       |
|-------------------------|-------------------------|
| (A                      | address)                |
| ( <i>F</i>              | Address)                |
| (0                      | City/State/Zip/Phone #) |
| PICK-UP                 | WAIT MAIL               |
| (E                      | Business Entity Name)   |
| ([                      | Occument Number)        |
| Certified Copies        | Certificates of Status  |
| Special Instructions to | o Filing Officer:       |
|                         |                         |
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Office Use Only



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SECRETARY OF STATE

APPROVEU AND FILED

### **COVER LETTER**

| TO: Registration Se<br>Division of Cor |  | ·7  |   |           |
|--|--|---|---|-----------|
| SUBJECT:                               | idtech Knil<br>Name of Limite                            | Jes LLC<br>ed Liability Company                                   |   |           |
| The enclosed Articles of               | Amendment and fee(s) are subm                            | nitted for filing.  |   |           |
| Please return all correspo             | ndence concerning this matter to                         | the following:  |   |           |
|  | mike   | Moyn, han   |   |           |
|  | Milte  | Pirm/Company  |   | 2019 MAR  |
|  | 200 Spe  | cialty Pt #1  | 86 麗  | 二二百合      |
|  | San Ford<br>Midtech K                                    | Florida 32<br>City/State and Zip Code<br>Vives @ gmail. C         | ,771 層  | PH 12: 08 |
| For further information o              | E-mail address: (to<br>oncerning this matter, please cal | be used for future andual report noti                             | fication)   |           |
| mike mo                                | f terson   | a1(407) 4885  | 5-3019<br>c Telephone Number  |           |
| Enclosed is a check for the            | ne following amount:                                     |   |   |           |
| □ \$25.00 Filing Fee                   | ☐ \$30.00 Filing Fee & Certificate of Status             | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Stat<br>Certified Copy<br>(additional copy is end | us &      |

#### 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

| Midtech Knives  | LLC  |                     |
|---|--|---------------------|
| (Name of the Limited Liability Compa<br>(A Florida Limited I  | ny as it now appears on our records.) Liability Company) | <del></del>         |
| The Articles of Organization for this Limited Liability Company Florida document number $\underline{L17000236976}$ .    | were filed on Novamber 16th; 20                          | 7_and assigned      |
| This amendment is submitted to amend the following:   |  |                     |
| A. If amending name, enter the new name of the limited liabi  | ility company here:                                      |                     |
| The new name must be distinguishable and contain the words "Limited Liabil  | ity Company," the designation "LLC" or the abbre         | eviation "L.L.C."   |
| Enter new principal offices address, if applicable:   | <u> </u>   | 5<br>- <del>1</del> |
| (Principal office address MUST BE A STREET ADDRESS)   |  | R PRRO              |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)                                   | 200 Specialty Pt<br>Sanford Florida                      | 32871               |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here |  | e name of the new   |
| Name of New Registered Agent:   |  |                     |
| New Registered Office Address:  |  |                     |
|   | Enter Florida street address                             |                     |
|   | , Florida  | Zip Code            |
|   | Cuy  | гір сөле            |

#### 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 = M $AMBR = A$ | anager<br>uthorized Member |   |                |
|--------------------|----------------------------|---|----------------|
| Title<br>AMBR      | Name<br>Luke R Divine      | Address It GASCOTGNE ROAD  CROYDON, SURREY CROOND | Type of Action |
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| Effective date, if other than the date of filing:  | (optional)   |  |
| f an effective date is listed, the date must be specific and cannot be prior to date of fil Note: If the date inserted in this block does not meet the applicable statute. | ling or more than 90 days after filing.) Pursuant to 605 ory filing requirements, this date will not be listed | 6.0207 (<br>ed as t                                  |
| document's effective date on the Department of State's records.  |  |  |
| ne record specifies a delayed effective date, but not an effe  | ctive time, at 12:01 a.m. on the earlie  | er of:   |
| The 90th day after the record is filed.  |  |  |
| - 4 - 0 - 4  |  |  |
| Dated $\frac{2/29/2019}{}$   |  |  |
| Dated 2/25/2019  Signature of a prember or authorized repres   |  |  |

Page 3 of 3

Filing Fee: \$25.00