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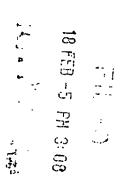
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COVER LETTER

TO: Registration Solution of Con			
Midlant Ca			
		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Moreen Barker		
		Name of Person	
	Midlant Capital LLC		
		Firm/Company	
	1929 Mill Creek Rd		
		Address	<u> </u>
	Jacksonville, FL 32211		
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	MidlantCapital@gmail.com		
	E-mail address: ()	to be used for future annual report n	otification)
For further information of	concerning this matter, please ca	all:	
Moreen Barker		718 644-7871	
Name o	of Person	at () Area Code Dayt	ime Telephone Number
Enclosed is a check for t	he 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, 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

Midlant Capital, LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on 01/23/2018	and assigned
Florida document number L18000018498		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
Midlant Capital LLC		
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the	he abbreviation "L.L.C "
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		* FD
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		9: - 63
·		THE STATE OF THE S
3. If amending the registered agent and/or registered egistered agent and/or the new registered office address he		ter the name of the
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:	r	
	Enter Florida street address	
	Florida	
	City	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, 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
			
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			☐ Change
			
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Effective date, if other than the (If an effective date is listed, the date mi	e date of filing:		(optio	nal)
Note: If the date inserted in this bedocument's effective date on the I	block does not meet the ap	plicable statutory fil	ling requirements, this	date will not be listed as the
the record specifies a delaye	d effective date, but	not an effective	e time, at 12:01 a	.m. on the earlier of:
) The 90th day after the re	cord is filed.			
DatedJanuary 31st	2018			
7/1/	 72	·		
// / /	1 a \ 1			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00