1180000020799

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COVER LETTER

TO: Registration : Division of Co			. •
	ORIDA FASTNERS LLC		*
SUBJECT:		ited Liability Company	
	of Amendment and fee(s) are sub	_	•
	NEQUOSHA ANDERSO	•	
		Name of Person	
	ANDERSON LAW FIRM	PLLC	
		Firm/Company	
	641 W. FAIRBANKS AV	E SUITE 213	2022 DEC 12
		Address	THE C
	WINTER PARK, FL 3278	39	70
	INFO@ANDERSONLAW	City/State and Zip Code FL.COM	
		to be used for future annual report notif	ication) C
For further information	concerning this matter, please c	all:	•
NEQUOSHA ANDERSON		407 801-8000 at ()	
Namo	of Person		Telephone Number
Enclosed is a check for	the 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)
<u>Mailing Addr</u> Registration		Street Address: Registration Sec	etion
Division of Corporations		Division of Cor	
P.O. Box 6. Tallahassee		The Centre of T 2415 N. Monroe	ananassee e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MID-FLORIDA FASTENERS LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records. Limited Liability Company))
The Articles of Organization for this Limited Liability Conflorida document number L18000020789	mpany were filed on 1/23/2018	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limite	ed liability company here:	
he new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		2027
Principal office address MUST BE A STREET ADDRE	ESS)	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter t</u>	he name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	. <u></u>	
	Enter Florida street address	
	, Flor	
	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 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
MGR	CONSTANCE N MILLER	2309 INDIAN MOUND TRL	= Add
		KISSIMMEE, FL 34746	□Remove
		 	Change
			□Add
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an effective date is Note: If the date i	other than the data listed, the date must be inserted in this block ive date on the Depar	e of filing: specific and canno does not meet t	he applicable s	of filing or more tatutory filing re	(opti than 90 days after equirements, thi	r filing.) Purs	uant to 60: not be list	5.0207 (ted as (
record credities	a delayed effective da	te, but not an ef	fective time, a	12:01 a.m. on t	he earlier of: (t) The 90t	h day afte	er the
is filed.								

Typed or printed name of signee

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