

L18000095336

**Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (352) 617-6383

From:

Account Name : LEGALZOOM.COM INC.
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MICK BITS OF TEC, LLC**

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MICK BITS OF TEC, LLC
MICK BITS OF TEC, LLC

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Help

B FIGUEROA

JUN 25 2018

Jun. 20. 2018 11:37AM ANDAZ

No. 5402 P. 2

COVER LETTER

TO: Registration Section
Division of CorporationsSUBJECT: MICK BITS OF TEC, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

101 N. Brand Blvd., 11th Floor

Address

Glendale, CA 91205

City/State and Zip Code

mickey@bitsoftec.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheyenne Moseley

Name of Person

at (800)
Area Code

773-0888 ext. 9724

Daytime 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)MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Jun. 20. 2018 11:37AM

ANDA2

No. 5402 P. 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MICK BITS OF TEC, LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/16/2018 and assigned
Florida document number L18000095336.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

12017 Cardinal Flower Dr

(Principal office address MUST BE A STREET ADDRESS)

Riverview, FL 33579

Enter new mailing address, if applicable:

12017 Cardinal Flower Dr

(Mailing address MAY BE A POST OFFICE BOX)

Riverview, FL 33579

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida

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

Jun. 20, 2018 11:37AM ARDAZ

Ac. 5402 P. 4

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

Jun. 20. 2018 11:33AM ANDAZ

No. 5402 P. 5

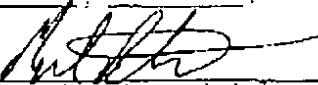
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Article IV. Please update the address of authorized member Michael Bitsko to read as

follows: 12017 Cardinal Flower Dr, Riverview, FL 33579

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
the date this document is filed by the Florida Department of State)

Dated June 22nd 2018



Signature of a member or authorized representative of a member

Michael Bitsko

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

FILED
2018 JUN 22 PM 1:02
NOTARY PUBLIC
ANDAZ