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## **COVER LETTER**

	Registration Se Division of Corp						
enn nee	Mindsite Ho	oldings LLC					
SUBJEC'	1:	Name of Lin	nited Liability Company				
The enclo	sed Articles of /	Amendment and fee(s) are sub	omitted for filing.				
Please ret	urn all correspon	ndence concerning this matter	to the following:				
		Euribiades Cerrud II, Esq.					
		•	Name of Person				
		CPLS, P.A.					
			Firm/Company				
	201 East Pine Street, Suite 445					7.3	
			Address			138 ST	- : •
		Orlando, Florida 32801			•	اکت ا	ده وبرد اس- ا ا ا
		<del></del>	City/State and Zip Code	- <u> </u>		٠٠.	-
		ECerrud@CPLSpa.com				Ö	\. \.
		E-mail address: (	to be used for future annual report notifi	cation)			
For furthe	r information co	oncerning this matter, please c	all:			දුර	
Euribiade	es Cerrud II, Esc	<b>l</b> -	407 647-7887				
	Name of	Person	Area Code Daytime	Telephone Number	_		
Enclosed	is a check for th	e following amount:					
□ \$25.0	0 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Fil Certificat Certified (additional	te of St Copy	atus &	

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clinton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mindsite Holding LLC		
(Name of the Limited Liability Company a (A Florida Limited Liabi	s it now appears on our records.) hty Company)	<del></del>
The Articles of Organization for this Limited Liability Company wer Florida document number 1.18000193103	re filed on August 13, 2018	and assigned
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 contain the words "Limited Liability C	'ompany," the designation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u>-</u>
_		6~1
Enter new mailing address, if applicable:		ψ : <u></u>
• •		> :11
(Mailing address MAY BE A POST OFFICE BOX)		क्
_		
		co
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter	the name of the
egistered agent and/or the new registered writer address neve.		
21 (22 ) (22 )		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
<del>- ".</del>	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
MGR	Ivette Charneco	4016 Greenleaf Drive	Add
		Kissimmee, FL 34744	
			■ Remove
			☐ Change
MGR	Michelle Missigman	helle Missigman 4004 Sunny Day Way	
	<del></del>	Kissimmee, F1, 34744	D Add
		Kissimmee, F1, 34744	■ Remove
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fective date, if other than the da	to of filings			(option	al)	
in effective date is listed, the date must be ote: If the date inserted in this block beament's effective date on the Department's	specific and cannot be pric does not meet the appl	icable statut	iling or more than ory filing requi	90 days after fil	ling.) Pursu	ant to 605.020 of be listed a
record specifies a delayed el The 90th day after the record		ot an effe	ective time,	at 12:01 a.r	m. on th	e earlier (
September 18	. 2018	·	Min			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00