

L18000245489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

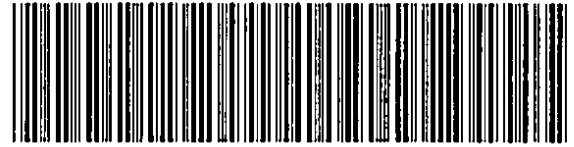
(Business Entity Name)

(Document Number)

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2023 AUG 14 PM 12:55

A. PARISHANI

AUG 19 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Midnight Web Design 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:

John Nash

Name of Person

Midnight Web Design LLC

Firm/Company

8709 Rockingham Terrace APT A

Address

Kissimmee / Florida 34747

City/State and Zip Code

this.jnash@gmail.com

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

For further information concerning this matter, please call:

John Nash

Name of Person

at (239) 373-7507

Area Code

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 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2023 JUN 14 PM 12:55

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Midnight Web Design LLC

(Name of the Limited Liability Company as it now appears on our records,
i.e. Florida Limited Liability Company)

2023 AUG 14 PM 12:55

The Articles of Organization for this Limited Liability Company were filed on 10/18/2018 and assigned
Florida document number L18000245489

This amendment is submitted to amend the following:

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

Ink Web Works LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC," or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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, State
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

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	☐ Add
			☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
			☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
			☐ Remove
		_____	☐ Change

2023 JUN 11 PM 2:53

2023 Aug 14, PM 12:55

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated August 5

2021

Signature of a member or authorized representative of a firm:

John Nash

Typed or printed name of signer

Filing Fee: \$25.00