## L18000368477

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## **COVER LETTER**

TO:	Registration Se Division of Co							
CIID IE		eal Estate Florida - Midstate LL	C					
Name of Limited Liability Company								
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please re	eturn all correspo	ondence concerning this matter	to the following:					
		Deborah Cortissoz						
		Schmdt Family of Compar	Name of Person		_			
		19700 Cochran Blvd	Firm/Company		_			
		_						
		deb.cortissoz@cbsmfl.com	City/State and Zip Code		_			
			to be used for future annual r	report notification)				
For furth	ner information o	concerning this matter, please co	all:					
Deborah Cortissoz		941 255 at ()	5-7231	· · · · · ·				
	Name (	of Person	Area Code	Daytime Telephone Numbe	r			
Enclosed	d 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 tadditional copy is encl	Certification Ce	ate of Status &			
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	Registrati Division o Clifton Br	COURIER ADDRESS: on Section of Corporations uilding cutive Center Circle				

Tallahassee, FL 32301

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## ARTICLES OF AMENDMENT TO. ARTICLES OF ORGANIZATION OF

FILED

Schmidt Real Estate Florida - Midstate LLC

2999 JUL -5 P に まり (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SHORE TARY OF GIVE

The Articles of Organization for this Limited Liability Company were filed on 11/16/2018 TALLAIPASSEE, FLORIGA and assign Florida document number \_\_\_\_L18000268477 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 Company," the designation "LLC" or the abbreviation "L.L.C." 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 \_\_. Florida \_\_\_ City 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
AMBR	Schmidt Real Estate, Inc	522 E Front St	
		Traverse City, MI 49686	■ Remove
			☐ Change
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	ust be specific and cannot be prior block does not meet the applic	able statutory filing requir	(optional) 90 days after filing.) Pursuant to 605.6 ements, this date will not be listed	
ne record specifies a delaye The 90th day after the re		ot an effective time, a	at 12:01 a.m. on the earlie	r of:
Dated July 01	. 2019	·		
Seleval ?	M. Cortusa - Par Signature of a mounter or auth	Louis Replese or a me	ataline mber	
Deborah M Cortissoz	- Authorized Representative			
		ed name of signee	·	

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Filing Fee: \$25.00