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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

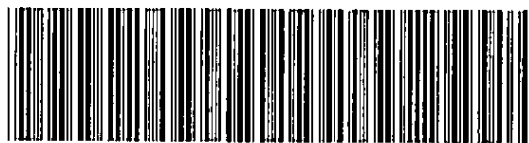
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**19 APR 26 PM 2:12**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**MAY 06 2019  
T SCHROEDER**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Old Kansas Supply, LLC  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Jamil Mikati  
Name of Person

Old Kansas Supply, LLC  
Firm/Company

1534 SE Alliance Place  
Address

Stuart, FL 34997  
City/State and Zip Code

americanstairs@earthlink.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jamil Mikati at ( 772 ) 260-6082  
Name of Person 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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Old Kansas Supply, LLC

Page 1 of 3

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>
MGR	Jamil Mikati	1534 SE Alliance Place	<input type="checkbox"/> Add
		Stuart, FL 34997	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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 April 25<sup>th</sup> 2019

Breast M. biopsy

Signature of a member or authorized representative of a member

Brian M. Critch

Typed or printed name of signee