L19000230551

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



000335477040

10/18/19--01016--029 **25.00

brumo

1.07 0 5 2019

D CUSHING

COVER LETTER

TO:	Registration Se Divisjon of Cor				
	`	MYKE LLC	•	ð	
SUBJE	ECT:	WITELLO			
		Name of Lim	ited Liability Company		
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
			Myra Dean		
			Name of Person	-	
			Firm/Company	-	
			474 Windsor PI		
			Address		
			Davenport, Florida 33896		
		mycarld77@gmail.com	City/State and Zip Code		
		E-mail address: (to be used for future annual report not	tification)	访
For fur	ther information c	oncerning this matter, please co	all:		
	Myra De	an	216 2158231 at ()		ī.5
	Name o	f Person		ne Telephone Number	1.6 2.7
Enclose	ed is a check for th	ne following amount:			.co
\$25	5.00 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 enclo	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MYKE LLC

(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	474 Windsor PI
(Principal office address MUST BE A STREET ADDRESS)	Davenport, Florida 33896
Enter new mailing address, if applicable:	474 Windsor Pi
(Mailing address MAY BE A POST OFFICE BOX)	Davenport, Florida 33896
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:	
New Registered Office Address: 474 Windsor F	יו

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.

City

Davenport

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Florida _33896

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 **Title Address Type of Action Name** ☐ Add ☐ Rcmove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change _ 🗆 Add ☐ Remove __ Change __□ Add _ 🗆 Remove

		 Change

☐ Change

□ Add

☐ Remove

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
_	
_	
_	
_	
_	
_	
an effec <u>lote:</u> l	e date, if other than the date of filing:
reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 00th day after the record is filed.
ated _	October 16 2019
	Signature of a member or authorized representative of a member
	Myra Dea J Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00