L19000234415

(F	Requestor's Name)	
A)	ddress)	
<u> </u>	ddress)	
(0	City/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(E	Business Entity Name	e)
(0	Occument Number)	
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COVER LETTER

TO:	Registration S Division of Co			••
CHOI	Midnight:	Imports LLC		
SUBJI	ECT:	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The en	closed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please	return all corresp	ondence concerning this matter	to the following:	
		Joshua Caprarello		
			Name of Person	
		Midnight Imports		
			Firm/Company	-,.
		1398 Plumgrass Cir		
			Address	
		Ococe, Florida 34761		
			City/State and Zip Code	
		Midnight.Importers@gmail	.com	
		E-mail address: (to be used for future annual report noti	fication)
For fu	rther information	concerning this matter, please co	all:	
Josh C	Caprarello		603 731-1555 at ()	
	Name	of Person	Area Code Daytim	e Telephone Number
Enclos	sed is a check for	the following amount:		
≡ \$2	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 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Midnight Imports LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 09/17/2019 The Articles of Organization for this Limited Liability Company were filed on __ and assigned L19000234415 Florida document number 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 "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

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>	Type of Action
AMBR	Joshua Caprarello	1398 Plumgrass Cir Ococe, Florida 34761	■ Add
			Remove
			O Add
			□ Remove
			Change
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ective date, if other than the effective date is listed, the date mu	: date of filing: st be specific and	cannot be prior to	date of filing or n	(0 nore than 90 days a	ptional) ifter filing.) Pursuant	to 605.020
te: If the date inserted in this becament's effective date on the I	lock does not me	eet the applicab	le statutory filin	g requirements,	this date will not b	e listed a:
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record specifies a delaye	d effective da	ate, but not	an effective (ime, at 12:0	1 a.m. on the	earlier o
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, 10/18/19		7:00				
ted	·		<u>.</u> ·			
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	Signature of a m	ember or authori	zed representative	of a member		

Page 3 of 3

Filing Fee: \$25.00