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# L2000 145282

(Requestor's Name)
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(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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AUG - 5, 2020

### **COVER LETTER**

#### TO: **Registration Section Division of Corporations**

 MITCHELL CIVIC CENTER, LLC. SUBJECT: \_

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 P. MAAS, ESO.

Name of Person

JOHN P. MAAS, P.A.

Firm/Company

44 NE 16 STREET

Address

HOMESTEAD, FL 33030

City/State and Zip Code

PINKY.MUNZ@REDLANDCOMPANY.COM

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

at (

For further information concerning this matter, please call:

CANDY BROWNLOW

Name of Person

305 247-7132 Area Code

Davtime 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 J 18 Ali 9: 63

MITCHELL CIVIC CENTER, LLC

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

The Articles of Organization for this Limited Liability Company Florida document number <u>1.20000145282</u> .	were filed on $\frac{05}{2}$	28/2020	and assigned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liab</u>	<u>ility company he</u>	<u>re</u> :	
N/A			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the de	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A		
(Principal office address MUST BE A STREET ADDRESS)	. <u></u>	12712 II FAB	<u> </u>
			<u> </u>
Enter new mailing address, if applicable:	N/A		
(Mailing address MAY BE A POST OFFICE BOX)			

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> <u>agent and/or the new registered office address here</u>:

Name of New Registered Agent:	Terry L. Munz, Trustee		
New Registered Office Address:	N/A		
	Enter Florida street address		
		. Florida	
	City	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.

hunging 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>	<b>Type of Action</b>
AMBR	TERRY L. MUNZ, TRUSTEE	23600 SW 162 AVENUE	🖬 Add
		HOMESTEAD, FL 33031	
·			🗆 Add
			🗋 Change
			🗆 Add
		<u></u>	🗋 Remove
			Change
			🗆 Add
			Change
			🗆 Add
			Change
. <u> </u>			🗆 Add
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A			
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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

