

120000253857

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

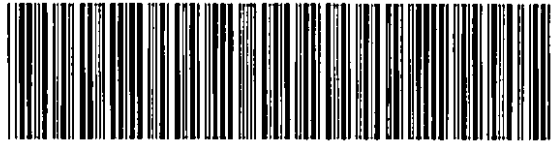
(Business Entity Name)

(Document Number)

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2020 SEP -3 PM 5:59
TALLAHASSEE, FL

D. BRUCE
OCT 14 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MITCHELL HOTWAX VENTURES, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing

Please return all correspondence concerning this matter to the following

VINCENT O. MITCHELL
Name of Person

MITCHELL HOT VENTURES, LLC
Firm Company

11553 PLANTATION PRESERVE Cir S.
Address

FL 33966
City, State and Zip Code

VMITCHELL3030@gmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

VINCENT O. MITCHELL at 239 823.9417
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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE, FL

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

MITCHELL HOTWORK VENTURES, 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 were filed on Aug 18, 2020 and assigned
Florida document number L20000253857

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MITCHELL HOT VENTURES, LLC

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)

11553 PLANTATION PRESERVE Cir S.
FT. MYERS, FL 33966

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11553 PLANTATION PRESERVE Cir S.
FT. MYERS, FL 33966

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

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.

If Changing Registered Agent, Signature of New Registered Agent

SECRETARY OF STATE
TALLAHASSEE, FL

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If attending 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

NO CHANGE

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
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		_____	☐ Remove
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		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change

SECURITY FILE DATE
TALLAHASSEE, FL

2020 SEP -3 PM 5: 59

FBI

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

E. Effective date, if other than the date of filing: Upon Receipt (optional)

If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. Pursuant to 605.0207 (2).

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.

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

Dated Aug 31st / 1 / 2020

Signature of a member or authorized representative of a member:

Typed or printed name of signer

SEKILU
TABELLA
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Filing Fee: \$25.00