

3/27/24, 8:38 AM

Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MIDLAND FORMS, LLC

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M. SOLOMON

MAR 27 2024

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2024 MAR 27 AM 8:47

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2024 MAR 27 AM 11:27

FILED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Midland Forms, 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 January 5, 2021 and assigned Florida document number 121000017237.

This amendment is submitted to amend the following:

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

Equity Doc Prep, 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)

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

City

Florida

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

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	MIDLAND IRA, INC.	15671 San Carlos Blvd	<input type="checkbox"/> Add
		Ste. 101	<input checked="" type="checkbox"/> Remove
		Fort Myers, FL 33908	<input type="checkbox"/> Change
AMBR	MIDLAND IRA, INC.	15671 San Carlos Blvd	<input type="checkbox"/> Add
		Ste. 101	<input checked="" type="checkbox"/> Remove
		Fort Myers, FL 33908	<input type="checkbox"/> Change
AMBR	Midland IRA LLC	15671 San Carlos Blvd	<input checked="" type="checkbox"/> Add
		Ste. 101	<input type="checkbox"/> Remove
		Fort Myers, FL 33908	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

2024-08-27 15:11:21

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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.

(b) The 90th day after the record is filed.

Dated March 26, 2024

Elizabeth Jordan

Signature of a member or authorized representative of a member

Elizabeth Jerdonek, Authorized Representative

Typed or printed name of signee