

K21000190569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

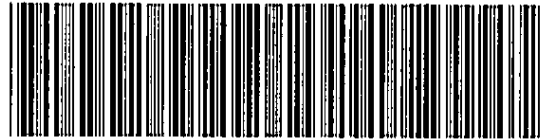
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600377930196

12/13/21--01022--010 **25.00

2021 DEC 13 AM 11:28
RECEIVED
FILING OFFICE

Amend/Name Change

JAN 18 2022

D CUSHING

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Mist Shield, LLC

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:

Kelly Chieffe

Name of Person

Mist Shield, LLC

Firm/Company

5031 N. Dixie Hwy

Address

Boca Raton, FL 33431

City/State and Zip Code

kelly@mistshield.com

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

For further information concerning this matter, please call:

Kelly Chieffe

561

788-5433

at (_____) _____

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

2011 DEC 13 PM 11:23
FBI - TALLAHASSEE

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Mist Shield, LLC

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

FILED
2021 DEC 13 PM 1:26
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF PALM BEACH, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 4/23/21 and assigned
Florida document number L21000190569.

This amendment is submitted to amend the following:

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

MistShield, 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)

5031 N. Dixie Highway

Boca Raton, FL 33431

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5031 N. Dixie Highway

Boca Raton, FL 33431

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:

Kelly Chieffe

New Registered Office Address:

5031 N. Dixie Highway

Enter Florida street address

Boca Raton

City

Florida 33431

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	Shaw Headquarters, Inc.	5900 N. Andrews Ave.	<input type="checkbox"/> Add
		11th Floor	<input checked="" type="checkbox"/> Remove
		Ft. Lauderdale, FL 33309	<input type="checkbox"/> Change
MGRM	Avi Soffer	15546 SW 17th St.	<input checked="" type="checkbox"/> Add
		Davie, FL 33326	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Kelly Chieffe	14282 78th Place North	<input checked="" type="checkbox"/> Add
		Loxahatchee, FL 33470	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Barbara Hollinger	2711 Lake Ridge Lane	<input checked="" type="checkbox"/> Add
		Weston, FL 33332	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Gerald Manowitz	2711 Lake Ridge Lane	<input checked="" type="checkbox"/> Add
		Weston, FL 33332	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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 (3)(b)

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.

Venezia
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00