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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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JUL 20 2021

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MIDOCOMMERCE 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:

ANDRES J CORONA PIRELA  
\_\_\_\_\_  
Name of Person  
  
MIDOCOMMERCE LLC  
\_\_\_\_\_  
Firm/Company  
  
6611 PENIFIELD WAY APT 403  
\_\_\_\_\_  
Address  
  
ORLANDO, FLORIDA 32821  
\_\_\_\_\_  
City/State and Zip Code  
  
gustavo@acbusinessconsultingllc.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDRES J CORONA PIRELA      321      315-6237  
\_\_\_\_\_  
Name of Person      at (      )      Daytime Telephone Number  
Area Code

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

2321 JUN 24 PM 5:22

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

*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.*

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

Title	Name	Address	Type of Action
			<input type="checkbox"/> Add
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

AMENDING PRINCIPAL ADDRESS AND MAILING ADDRESS IN ORDER TO BE REGISTERED AS

2021 JUN 24 PM 5: 22

PRINCIPAL ADDRESS:

6611 PENIFIELD WAY APT 403

ORLANDO, FL 32821

MAILING ADDRESS:

6611 PENIFIELD WAY APT 403

ORLANDO, FL 32821

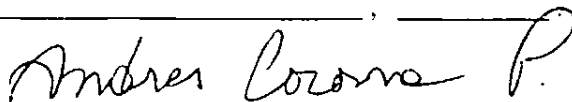
**E. Effective date, if other than the date of filing:** JUNE. 08 2021 **(optional)**

*(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 (3)(b)*

**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 JUNE 21, 2021



Signature of a member or authorized representative of a member

ANDRES J CORONA PIRELA

Typed or printed name of signee