## h21000274885

| (Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  (Document Number)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer: |   |
|--|---|
| (City/State/Zip/Phone #)    PICK-UP  | (Requestor's Name)                      |
| (City/State/Zip/Phone #)    PICK-UP  | (Address)                               |
| (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:  Received  Office Use Only  Office Use Only                    | (Address)                               |
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| (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:  Received  Office Use Only  S. C   | PICK-UP WAIT MAIL                       |
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 23, 2021

KIM W. MANKE 821 CASTLE WAY LAKELAND, FL 33803

SUBJECT: MID-FLORIDA RESCREENING LLC

Ref. Number: L21000274885

We have received your document for MID-FLORIDA RESCREENING LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Summer Chatham OPS

Letter Number: 221A00017153

()

## **COVER LETTER**

| TO: Registration Sec<br>Division of Corp       |  |  |  |        |
|--|--|--|--|--------|
| SUBJECT: MID                                   | 1- FLORIDA R                                 | ESCREEN ING  | -UC  |        |
|  | Name of Limi                                 | ted Liability Company  | · · · · · · · · · · · · · · · · · · ·  |        |
|  |  |  |  |        |
| The enclosed Articles of A                     | mendment and fee(s) are sub-                 | mitted for filing.   |  |        |
| Please return all correspon                    | dence concerning this matter                 | to the following:  |  |        |
|  | Kim V  | V Manke<br>Name of Person  | ·  |        |
|  | MID-FLOR                                     | PLOA RESCREED Firm/Company   | ING LIC  |        |
|  | S21 Cast                                     | He Way   |  |        |
|  | Lakelau                                      | City/State and Zip Code  Acros Weening Code  to be used for future annual report notific |  |        |
|  | Mid FOV:<br>E-mail address: (i               | Actor School Company of the be used for future annual report notific                     | amail. com   |        |
| For further information co                     | ncerning this matter, please ca              | all:   |  |        |
| KINW   | Manke  | at ( <u>\$63</u> ) <u>934-</u><br>Area Code Daytime                                      | 2823   |        |
| Name of  | Person                                       | Area Code Daytime  | Telephone Number   |        |
|  |  |  | <b>&gt;</b>  | (')    |
| Enclosed is a check for the                    | _  |  |  |        |
| ☐ \$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 So Division of Co | ection<br>orporations                        | Street Address:<br>Registration Sect<br>Division of Corp<br>The Centre of Ta             | orations   | う<br>フ |
| P.O. Box 6327<br>Tallahassee, F                |  | 2415 N. Monroe<br>Tallahassee, FL  | Street, Suite 810  |        |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| MID-FLORIDA RESCREENINGULC  |                |             |
|---|----------------|-------------|
| (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 $\frac{6/14/21}{1000274885}$  | and a          | ssigned     |
| This amendment is submitted to amend the following:   |                |             |
| A. If amending name, enter the new name of the limited liability company here:  |                |             |
| 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, <u>enter the na</u><br>agent and/or the new registered office a <u>ddress here</u> : | me of the ne   | ew regist   |
| gent una or the new registered context water too new.   | -              |             |
| Name of New Registered Agent:   | -              | •           |
| Name of New Registered Agent.   |                | -           |
| New Registered Office Address:  | <u></u>        | <del></del> |
| Enter Florida street address  |                | 5           |
|   |                |             |
| , 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>                        | Type of Action |
|--------------|-------------|---------------------------------------|----------------|
| MGR          | Kim W Manke | 821 Castle Way Lakeland FL<br>33803   | <u> </u>       |
|              |             |                                       | □Remove        |
|              |             |                                       | □ Change       |
|              |             |                                       | □Add           |
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| Effective date, if other than the date of filing:   | (optional)                        | ,   |
| If an effective date is listed, the date must be specific and cannot be prior to date of filing or more the <b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing req | an 90 days after filing.) Pursuar | nt to 605.0207 (3)(b)<br>be listed as the |
| document's effective date on the Department of State's records.   |                                   | ور  |
|   | 24                                |   |
| is record specifies a delayed effective date, but not an effective time, at $12:01\mathrm{a.m.}$ on thord is filed.   | e earlier of: (b) The 90th d      | ay after the                              |
| Viala's and   |                                   |   |
| Dated 8 9 9 1 2 1   |                                   |   |
| Jan wm aeule  |                                   |   |
| Signature of a member or authorized representative of a   | member                            |   |
| Kim W. Manke  |                                   |   |

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