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2021 SEP 20 PM 2: 50 SECRETARY OF STATE MAIN THE SEPTEMBER

Y SEP 20 PM 2: 56

COVER LETTER

		istration Sec ision of Corp		•	
SUBJEC	γr.	MIDFLORII	OA ELITE DISPATCH SERV	/ICES LLC	•
SUBJEC	.l:		Name of Lim	ited Liability Company	
The encl	osed	Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please re	turn	all correspon	dence concerning this matter	to the following:	
			Herbert L SYKES JR.		
				Name of Person	
				Firm/Company	
			682 AVE K SE		
				Address	
			WINTER HAVEN FL 338	80	
				City/State and Zip Code	
			MFDSLLC9@GMAIL.CO		
For furth	or in	eformation co	n:-mail address: (to be used for future annual report notification	on j
			ncerning this matter, piease ca		
HERBEI	RT I	. SYKES JR		863 651-7773 at ()	
		Name of	Person	Area Code Daytime Tele	ephone Number
Enclosed	l is a	check for the	e following amount:		
\$25.	00 F	iling Fec	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
		ling Address:	=	Street Address:	
		gistration Serision of Co		Registration Section Division of Corpora	
		Box 6327	•	The Centre of Talla	

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION**

FILED

2021 SEP 20 PM 2: 57

MIDFLORIDA ELITE DISPATCH SERVICES LLC

SECRETARY OF STATE TALLARASSEE, FL. 12 (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	y were filed on SEPT 16, 2021	and assigned
Florida document number 1.21000366014		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the al	obreviation "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 agent and/or the new registered office address here:	address on our records, enter the nam	e of the new registered
Name of New Registered Agent:	-	
New Registered Office Address:		
	Enter Florida street address	
	Florida	Zip Code
	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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	HERBERT L SYKES JR	682 AVE K SE	■Add
		WINTER HAVEN FL 33880	□ Кетюче
			□Change
			🗀 Add
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ective date, if other than the date of filing:	onal) r filing.) Pursuant to 605.020 s date will not be listed a
nument's effective date on the Department of State's records.	
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cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b s filed.) I he 90th day after the
SEPT 16 2021	
Herwert Do	
Signature of a member or authorized representative of a member	. ——

Filing Fee: \$25.00