# 422000341011

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<del>?</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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JAMIE R. BROWN phrown a paymejones.com

August 9, 2022

Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re:

Articles of Amendment to Articles of Organization for Mite KW, LLC

Document No. L22000341011

Dear Sir or Madam:

Please find enclosed the Articles of Amendment to Articles of Organization for filing for the above-referenced entity. I have also enclosed a check in the amount of \$25.00 to cover the requisite filing fee.

Please also find enclosed an envelope for return of the filed Amendment. If you should need any additional information from me, please do not hesitate to contact me.

Thank you for your assistance in this matter.

Very truly yours,

Janyle R. Brown

For Payne & Jones, Chartered

JRB/enclosures

## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT:	Name of Lin	nited Liability Company			
The analysis Articles of	Amonday we and for (at one make	and and the street			
	Amendment and fee(s) are sub	-			
Please return all correspo	ondence concerning this matter	to the following:			
	Jamie Brown				
		Name of Person			
	Payne & Jones Chtd				
		Firm/Company			
	PO Box 25626				
		Address		22	=
	Overland Park, KS 66225			AUC!	7
		City/State and Zip Code	<u> </u>	22 AUG 15 PH 12: 58	7
	jbrown@paynejones.com				
		to be used for future annual report not	fication)		
For further information of	oncerning this matter, please c	all:		28	
Jamie Brown		913 469-4100 at ( )			
Name o	f Person		e Telephone Number	_	
Enclosed is a check for t	ne 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 F Certificate of S Certified Copy (additional copy is	Status &	
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro	porations		

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liab) (A Flori	lity Company as it now appears on our records. da Limited Liability Company)	)
The Articles of Organization for this Limited Liability Florida document number L22000341011	Company were filed on 8/2/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liebility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	22 22 ₹
		<b>&gt;</b> 01.
		<del>- 65 25</del>
		<u>ਤ</u>
Enter new mailing address, if applicable:		<u>고 로</u> 있~
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u> </u>
	<del></del>	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:		te name of the new registe
	, Flor	ida

#### New Registered Agent's Signature, if changing Registered Agent:

MITTERW LLC

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

Title	<u>Name</u>	Address	Type of Action
MGR	Mitch Gravley		
		1124 William St., Key West, FL 33040	■Remove
			☐ Change
MGP 	Dale Ashlock	1124 William St., Key West, FL 33040	≅Add
			□ Remove 22
			2 A E
			<b>25</b>
			7. Circumove
			□Remove
			Change
		<u> </u>	□ Add
			□ Remove
			☐ Change
			☐Add

\_\_\_ Remove

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fective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be prior to date of fige:  If the date inserted in this block does not meet the applicable statut	iling or more than 90 days after filing.) Pursuant t	605. Histo
cument's effective date on the Department of State's records.		
ecord specifies a delayed effective date, but not an effective time, at 12:	·01 a m on the cordier of (b). The 90th day	after
is filed.	or a.m. on the country of. (c)	
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( \n. \d. \n. \d. \le\)		_
ned August 9, 2022  Jew Busine of a specifiber or authorized report	esemative of a member	

Filing Fee: \$25.00

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lorida document number L22000341011	
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he new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADI	DRESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
L If amending the registered agent and/or register	red office address on our records, enter the name of the new registe
gent and/or the new registered office address here	₽:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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.

Zip Code

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		1124 William St., Key West, FL 33040	Remove
MAR			
→ TR	Dale Ashlock	1124 William St., Key West, FL 33040	<b>= Add</b>
		<del></del>	□ Remove
			□ Change
<del></del>			□Add
			□ Remove
			[] Change
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			□Remove
			Change
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Remove

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KANIICIII'		
ecord sp	pocifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day at	fter the
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Filing Fee: \$25.00