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(Re	equestor's Name)	
(Ad	idress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
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COVER LETTER

TO:

Registration Section

Division of Co	rporations		
MID SER	VICES LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Shelly Williams		
		Name of Person	2022
	·	Firm/Company	
	409 3rd Avenue		26
		Address	
	Satsuma, FL 32189		1:07
		City/State and Zip Code PS Out Look . C	
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report notifica all:	tion)
Shelly Williams		561 707-6962 at ()	
Name	of Person		elephone 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)
		5. 10	
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee.	Section Corporations 27	Street Address: Registration Section Division of Corpoon The Centre of Tall 2415 N. Monroe S Tallahassee FL 32	rations ahassee treet. Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ID SERVICES LLC				
(Name of the Lim	ited Liability Company as it now app (A Florida Limited Liability Compan	ears on our records.) y)	 -	
The Articles of Organization for this Limited Liability Company were filed on 01/25/2023		01/25/2023 and	and assigned	
Florida document number L23000047225				
This amendment is submitted to amend the fol	lowing:			
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," th	ne designation "LLC" or the abbreviation	v"L.L.C."	
Enter new principal offices address, if appli	cable:		∴	
(Principal office address MUST BE A STREET ADDRESS)			3	
			j : :	
	-		5 . ;	
			5	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			<u></u>	
		":; <u>":</u>	, · · · · · · · · · · · · · · · · · · ·	
		r·:		
B. If amending the registered agent and/or agent and/or the new registered office address.	ess here:	r records, <u>enter the name of the</u>	new register	
Name of New Registered Agent:	Shelly Williams	_		
New Registered Office Address:	409 3rd Avenue			
	Enter i	Florida street address		
	Satsuma	Florida ³²¹⁸⁹		
	City	Zip Ce	эde	

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>	Address	Type of Action
AP	Shelly Williams	409 3rd Avenue	□Add
		Satsuma, FL 32189	■Remove
			□Change
			Remove
			☐Remove
			Remove
			Change
			□Add
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f an effective date is liste Note: If the date inse	rted in this block does no	and cannot be prior to date of filing or mor of meet the applicable statutory filing		ng.) Pursuant	
locument's effective (date on the Department o	of State's records.			
record specifies a de d is filed.	layed effective date, but r	not an effective time, at 12:01 a.m. or	the earlier of: (b)	The 90th da	y after the
April 4		2023			
Dated April 4	1			<u>-</u>	S
Max	1 Umm	2		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
11.0	Signature of	f a member or authorized representative o	f a member		; ".
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	VVIChae	Danneels Typed or printed name of signee		<u> </u>	· -
		- 5 least on bounds amuse at a signer			