

L23000107405

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

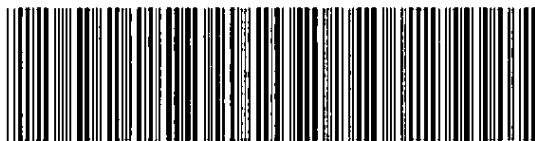
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MID-FLORIDA GREENWORKS 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:

Clayton Johns
Name of Person

Mid-Florida Greenworks
Firm/Company

6232 NE 52nd St
Address

Silver Springs FL 34488
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

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CLAYTON JOHN
STATE
TALLAHASSEE, FL

FILED

For further information concerning this matter, please call:

Clayton Johns at (386) 867-0901
Name of Person Area Code Daytime Telephone 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)

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
Tallahassee, FL 32303

MID-FLORIDA GREENWORKS LLC

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>	<u>Type of Action</u>
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AMBR/mrs Clayton Johns	6232 NE 52nd St	<input checked="" type="checkbox"/> Add
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Silver Springs FL 34488	<input type="checkbox"/> Remove
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	<input type="checkbox"/> Change
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AMBR Herri Johns	6232 NE 52nd St	<input checked="" type="checkbox"/> Add
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Silver Springs FL 34488	<input type="checkbox"/> Remove
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OFFICE OF THE
STATE
CLERK
FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

E. Effective date, if other than the date of filing: N/A (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 March 15, 2023



Signature of a member or authorized representative of a member

Clayton Johns

Typed or printed name of signee

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CL STATE
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FILED