

L23000305032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

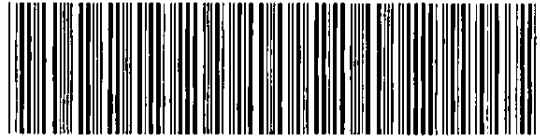
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600413162036

08/03/23--01008--011 **25.00

CLERK OF STATE
TALLAHASSEE, FLORIDA

2023 DEC -8 AM 9:51

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mimizan 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:

Sherry Bayshaw
Name of Person

Mimizan L.L.C.
Firm/Company

613 Rittenhouse Ct
Address

Winston Salem, NC 27104
City/State and Zip Code

sherry@bayshawgroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

S Bayshaw at (561) 542-5864
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 23, 2023

SHERRY BAGSHAW
613 RITTENHOUSE COURT
WINSTON SALEM, NC 27104

SUBJECT: MIMIZAN LLC
Ref. Number: L23000305032

We have received your document for MIMIZAN LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The first page of the Articles of Amendment is not complete. It also appears to be a copy. I am enclosing a new page.

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) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 623A00019603

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2023 DEC -8 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mimizan L.L.C.

(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 09/12/2023 and assigned
Florida document number L 23000605022.

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)

10655 Duval Ridge Dr.
Ponke Vedia
FL 32081

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, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Mark Ulerie

10655 Duval Ridge Dr.

Ponke Vedia

Florida

32081

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.

[Signature]
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>
- - - - -	- - - - -	- - - - -	<input type="checkbox"/> Add
- - - - -	- - - - -	- - - - -	<input type="checkbox"/> Remove
- - - - -	- - - - -	- - - - -	<input type="checkbox"/> Change
- - - - -	- - - - -	- - - - -	<input type="checkbox"/> Add
- - - - -	- - - - -	- - - - -	<input type="checkbox"/> Remove
- - - - -	- - - - -	- - - - -	<input type="checkbox"/> Change
- - - - -	- - - - -	- - - - -	<input type="checkbox"/> Add
- - - - -	- - - - -	- - - - -	<input type="checkbox"/> Remove
- - - - -	- - - - -	- - - - -	<input type="checkbox"/> Change
- - - - -	- - - - -	- - - - -	<input type="checkbox"/> Add
- - - - -	- - - - -	- - - - -	<input type="checkbox"/> Remove
- - - - -	- - - - -	- - - - -	<input type="checkbox"/> Change
- - - - -	- - - - -	- - - - -	<input type="checkbox"/> Add
- - - - -	- - - - -	- - - - -	<input type="checkbox"/> Remove
- - - - -	- - - - -	- - - - -	<input type="checkbox"/> Change
- - - - -	- - - - -	- - - - -	<input type="checkbox"/> Add
- - - - -	- - - - -	- - - - -	<input type="checkbox"/> Remove
- - - - -	- - - - -	- - - - -	<input type="checkbox"/> Change

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

2023 DEC -8 AM 9:51
STATE PARK OF FLORIDA
TALLAHASSEE, FLORIDA

F. 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 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

Signature of a member or authorized representative of a member

SHERRY BAGSHAW
Typed or printed name

Typed or printed name of signee

Filing Fee: \$25.00