

L23000439115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

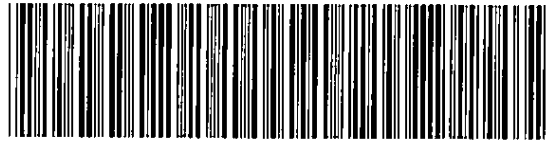
(Business Entity Name)

(Document Number)

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07/26/24--01010--004 **25.00

2024 JUL 26 PM 7:20

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MIDLOTHIAN SUITES 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:

Cameron C. Griffith

Name of Person

Firm/Company

1357-23 Ontario Street

Address

Burlington, Ontario L7S 1E9 CA

City/State and Zip Code

info@midlothiansuites.com

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

For further information concerning this matter, please call:

Cameron C. Griffith

+1 (289) 635-1622

at (_____) _____

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

2024 JUL 26 AM 7:20

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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>
AMBR	JASON P. REVELLE	4-29-13 MORISAKI, YOKOSUKA CITY	<input type="checkbox"/> Add
		KANAGAWA PREFECTURE 23800-23 JP	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MIHO REVELLE	4-29-13 MORISAKI, YOKOSUKA CITY	<input type="checkbox"/> Add
		KANAGAWA PREFECTURE 23800-23 JP	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Summer Griffith	270 Great Falls Blvd.	<input type="checkbox"/> Add
		Waterdown, ON L8B 1Z1 Canada	<input checked="" 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

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

N/A

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. 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 May 24, 2024

Cameron Griffith (p. 35) 20:417 418 DT

Signature of a member or authorized representative of a member

Cameron C. Griffith

Typed or printed name of signee

Filing Fee: \$25.00