L24000166224

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: MFMC NATIONAL SHOW 2025
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

KEN WEAR
Name of Person

Firm/Company

P. O. BOX 4006
Address

WINTER PARK FL 32793-4006
City, State and Zip Code

MIDFLORIDAMUSTANGCLUB@GMAIL.COM
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call

KEN WEAR at (407) 463-3895
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount N/A

☐ $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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2024 DEC 12 AM 10:02

MFMC NATIONAL SHOW 2025

(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 DEC. 28, 2023 and assigned Florida document number L24000006229

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) _____

_____

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: _____

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.

_____

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	Name	Address	Type of Action
PRES	MATT CANNIZZARO	2009 HAZELWOOD CT.	☐ Add
		WINTER SPRINGS FL 32708	☒ Remove
			☐ Change
VP	JIM LANE	1276 APACHE DR	☐ Add
		GENEVA FL 32732	☒ Remove
			☐ Change
SEC	MIKE CULVER	105 DESTINY COVE	☐ Add
		ALT. SPRINGS FL 32714	☒ Remove
			☐ Change
DIR	DON KIRKENDALL	2285 REMEMBER RD	☐ Add
		OVIEDO FL 32765	☒ Remove
			☐ Change
DIR	TOM OCAMPO	1713 W. EUCLID AVE	☐ Add
		DELAND FL 32720	☒ Remove
			☐ Change
DIR	JAMES LAWRENCE	201 SENECA RD	☐ Add
		SANFORD FL 32771	☒ Remove
			☐ Change

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	Name	Address	Type of Action
DIR	CHUCK WOODWORTH	944 WELLINGTON CT.	☐ Add
		OVIEDO FL 32765	☒ Remove
			☐ Change
DIR	STEVE NEVINS	8100 OAK PARK RD	☐ Add
		ORLANDO FL 32819	☒ Remove
			☐ Change
DIR	ROBERT RUGGIERIO	506 NEWHALL LANE	☐ Add
		DEBARY FL 32713	☒ Remove
			☐ Change
DIR	VANESSA HILL	12 VOLUSIA DR.	☐ Add
		DEBARY FL 32713	☒ Remove
			☐ Change
DIR	KEN BROWNE	4928 FELLS COVE AVE	☐ Add
		KISSIMMEE FL 32744	☒ Remove
			☐ Change
MGR	PIA CASTELLI	2005 W. HAMPTON CIRC	☒ Add
		WINTER PARK FL 32792	☐ Remove
			☐ Change

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
TREAS	KEN WEAR	5014 TIMBERRIDGE TRAIL	☐ Add
↓		OCOEE FL 32761	☑ Remove
			☐ Change
MGR	KEN WEAR	5014 TIMBERRIDGE TRAIL	☑ Add
		OCOEE FL 32761	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

? FROM TREAS TO MGR

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

E. **Effective date, if other than the date of filing:** 7/12/2024 **(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 (5)(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 7/12/2024

Kenneth Wear

Signature of a member or authorized representative of a member

KENNETH WEAR

Typed or printed name of signee

Filing Fee: $25.00

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 25, 2024

KEN WEAR
P.O. BOX 406
WINTER PARK, FL 32793-4006

SUBJECT: MFMC NATIONAL SHOW 2025, LLC
Ref. Number: L24000006229

We have received your document for MFMC NATIONAL SHOW 2025, LLC and your check(s) totaling $52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 224A00013889