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COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	Mid Florida N Name of Lim	<u>Naterials</u> , <u>LLa</u>	- - -
	Amendment and fee(s) are sub	-	
		te in tenesing.	
	Abdic	Name of Person	cinete_
	mud Flo	vida Merkrial Firm/Company	S, LLC,
	LOJ Runr	ning Horse Ta	2-d
	Seff	City/State and Zip Code	584
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	ill:	
Abdiel A	n thony Carety	at (<u>813</u>) <u>SU</u> 7 Area Code Daytim	- 34 7-7 e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	27\\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MidFlorida Mate	•		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	iy as it now appears on out iability Company)	ir records.)	•
The Articles of Organization for this Limited Liability Company Florida document number 600 424 147-83.6			ssigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designati	on "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)	101 Rus	nning Horse	Rd.
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records	, enter the name of the n	ew registere
Name of New Registered Agent:			·
New Registered Office Address:			·
	Enter Florida stree	et oddress	-
	City	Florida	
New Registered Agent's Signature, if changing Registered Agent:	Cuy	Zip Codě	
I hereby accept the appointment as registered agent and agree	a to any in this named	n. I familian according	and a catalog of
· mereo, accept the appointment as registered agent and agree	г ю аст тэтх сарасн	iy. 1 juriner agree to com	ipiy wun th

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 ad or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
M62	Isacl Rivera	2163 Poinciena Terrace Clearwriter F	3376 D
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			□Change
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an effective date is listed, the date: If the date inserted in	ate must be specific a	ind cannot be prior to	date of filing or more t	han 90 days after filin	 Pursuant to 605.020
ocument's effective date on	the Department of	f State's records.	ne statutory ming re	quirements, this dat	e win not be listed as
record specifies a delayed e	ffective date, but n	ot an effective tin	e, at 12:01 a.m. on the	he earlier of: (b) 1	he 90th day after the
is filed.				, ,	
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Typed or printed name of signee