

L24000 224276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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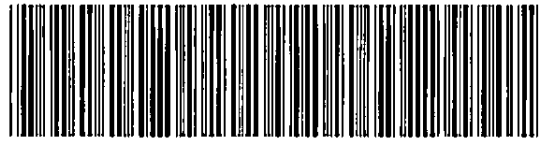
(Business Entity Name)

(Document Number)

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2024 JUN 19 PM 5:13
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TALLAHASSEE, FL

R. HUNT
06/19/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIDAS L.L.C.
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:

MARTHE SENECHARLES
Name of Person

Firm/Company

1598 eastman circle (North Port)
Address

North Port FL 34288
City/State and Zip Code

MARTHE.SENECHARLES@email.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marthe Darline Senecharles at (941) 623-6695
Name of Person Area Code Daytime Telephone Number

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TALLAHASSEE, FL
CLERK OF STATE

ED

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MDAJ 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 _____ and assigned Florida document number 05/13/2024.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MDAJ AFFORDABLE CARE LLC

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)

1598 Eastman Circle
North Port FL 34288

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1598 Eastman Circle
North Port FL 34288

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:

1598 Eastman Circle
Enter Florida street address
North Port Florida 34288
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.

Sarah Charles North Port

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>
MGR	Duddy D Metayer	1598 Eastman C	<input type="checkbox"/> Add
		North Port FL 34288	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARthe Darline	1598 Eastman Circle	<input type="checkbox"/> Add
	Sené Charles	North Port FL 34288	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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2024 JUL 19 PM 5:13
CLERK OF STATE
TALLAHASSEE, FL

SEP 19 PM 5:13
CLAY COUNTY
ALABAMA, FL

ALLAHASSEE, FL
HAWARD OF STATE

(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.

Dated 06/13/2024.

Signature of a member or authorized representative of a member

MARTHE DARLINE SENECHABLES
Typed or printed name of Signee