

M21000014345

(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



200392244542

2022 AUG 17 AM 10:26

RECEIVED  
2022 AUG 17 AM 11:26  
TALLAHASSEE, FLORIDA

8/18/2022

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

PLEASE use funds from ACCT: I20210000160 AMOUNT: \$25.00

Authorization Signature: James Cull  
Midfield Investments LLC M21000014345  
Business Document #

Walk in  Pick up time

Mail out  Will wait

Photocopy

**Certified Copy (s) of Articles of Incorporation**

**Certificate of Status**

**NEW FILINGS**

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other
- CORP**

**AMMENDMENTS**

- Amendment
- Resignation of R.A. Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger
- Conversion**
- Articles of Conversion

**OTHER FILINGS**

- Annual Report
- Fictitious Name
- APOSTIL ( )   
Country

**REGISTRATION/QUALIFICATIONS**

- Foreign filing
- Limited Partnership
- Reinstatement
- Other

**EXAMINER'S INITIALS:** \_\_\_\_\_

# COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Midfield Investments LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sholom Dalfin  
Name of Person

Midfield Investments LLC  
Firm/Company

722 Dulaney Valley Rd #199  
Address

Towson, MD 21204  
City/State and Zip Code

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

For further information concerning this matter, please call:

Sholom Dalfin at (561) 337-1315  
Name of Person Area Code & Daytime Telephone Number

**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

**Enclosed is a check for the following amount:**

- \$25 Filing Fee     \$30 Filing Fee & Certificate of Status     \$55 Filing Fee & Certified Copy     \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

2022 AUG 17 11:10:26

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Midfield Investments LLC

Enter new principal office 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)**

2. The Florida document number of this limited liability company is: M21000014345

3. Jurisdiction of its organization: Maryland

4. Date authorized to do business in Florida: 10/27/2021

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: Midfield Management LLC

New Registered Office Address: 2401 S 25th St

*Enter Florida Street Address*

Fort Pierce

*City*

Florida 34981

*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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Authorize	Katie Heaton	722 Dulaney Valley Rd Suite 199	<input type="checkbox"/> Add
		Towson, MD 21204	<input checked="" type="checkbox"/> Remove
Manager	Mordechai Dalfin	722 Dulaney Valley Rd Suite 199	<input checked="" type="checkbox"/> Add
		Towson, MD 21204	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

\_\_\_\_\_  
Signature of the authorized representative

Mordechai Dalfin

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**