1000058990

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 23 2015

S. YOUNG

COVER LETTER

Divis	sion of Corp	porations				
SUBJECT:	JOHN MII	LEA INTERIORS, LLC				
SUBJECT		Name of Lin	nited Liability Company			
The enclosed	Articles of A	Amendment and fee(s) are sub	omitted for filing.			
Please return a	all correspor	ndence concerning this matter	to the following:			
		NICK WILMOT				
			Name of Person			
DEBBIE'S ACCOUNTING SERVICE						
			Firm/Company		•	
		3575 SOUTHSIDE BLV)			
			Address			
		JACKSONVILLE, FL 32	216		SECOND D	
			City/State and Zip Code		· 表写 8	TILED
		E-mail address: (to be used for future annual report notific	cation)		
For further info	ormation co	ncerning this matter, please c	all:		المرا المدار	
NICK WILMO	TC		904 733-4547 at ()		第3 公	
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is a c	heck for the	following amount:				
■ \$25.00 Fili	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	

MAILING ADDRESS:

TO:

Registration Section

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JOHN MILEA INTERIORS, LLC			
(Name of the Limit	ed Liability Comp (A Florida Limited	ogny as it now appears on our records Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Life Florida document number 1.11000058990 This amendment is submitted to amend the follow. A. If amending name, enter the new name of	owing:		and assigned
The new name must be distinguishable and contain the w	ords "Limited Liab	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	N/A	Sign 3
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>80x)</u>	N/A	3 PM 1: 50
B. If amending the registered agent and/or the new registered of	-		, enter the name of the new
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A	Enter Florida street address	
	 	City, Flo	Zip Code
New Registered Agent's Signature, if changing R	egistered 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

<u>Title</u>	Name	Address	Type of Action
MGR	JOHN MILEA	212 SCRUB JAY DR	Ad d
		ST. AUGUSTINE, FL 32092	Remove
		REMAIN THE SAME	Change
MGR	BRIAN HALL	6225 SUDBURY AVE	Add
		JACKSONVILLE,FL 32210	■ Remove
			Change
			23 D. Remove
			Change
			Add
			Remove
			☐ Change
			Add
			□ Remove
			Change
			Add
			🗖 Remove
			Change

BRIAN HALL NOW 0% OWNERSHIP		
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		DEC 2
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	25	رب رب
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ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or the state inserted in this block does not meet the applicable statutory filingent's effective date on the Department of State's records.	(optional) more than 90 days after filing.) Pursual ng requirements, this date will not	nt to 6
record specifies a delayed effective date, but not an effective ne 90th day after the record is filed.	time, at 12:01 a.m. on the	ear
d 17-18-2015		

Page 3 of 3

Filing Fee: \$25.00