112000005636

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UI	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
	(Bootmone round),
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:

Office Use Only



100304080161

10/03/17--01006--012 **35.00

17 OCT -3 PH 2: 28

O STAMONS OCT 0 3 2017

COVER LETTER

TO: Registration S Division of Co			
Millon I.I. SUBJECT:	С		
30B3ECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Steven Henriquez		
		Name of Person	
	Steven J Henriquez CPA L	LC	
		Firm/Company	
	5825 Sunset Dr #201		
		Address	
	Miami, FL 33143		
		City/State and Zip Code	1-1-0
	info@sjh-cpa.com	to be used for future annual report notil	Indian .
For further information	concerning this matter, please ca	·	(Carrott)
Steven Henriquez		305 423-6399	
Name	of Person	at ()	: Telephone Number
Enclosed is a check for t	he 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Millon LLC				
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number 1.12000075636	were filed on 06/06/2012 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	fity Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	943 Hatstead Street			
(Principal office address MUST BE A STREET ADDRESS)	Deltona, F1. 32725			
Enter new mailing address, if applicable:	943 Hatstead Street			
(Mailing address MAY BE A POST OFFICE BOX)	Deltona, FL 32725			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, enter the nameof the			
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	

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
			Add
			Remove Change
			Change Change
			Add Remove
			☐ Change
			Add
			□ Remove
			Change
			☐ Remove
			Change
			Remove
			Change

. —								<u></u>
	•							
						<u> </u>	<u> </u>	
								
<u>.</u>				·-				
		-		-				
								<u> </u>
				<u> </u>				17 00 -
								PI
								5.
								- E28
					· - · · · · · · · · · · · · · · · · · ·		-	
E <mark>ffectiv</mark> e If an effec	e date, if other the	an the date of fate must be special	f filing:	ot be prior to di	te of filing or m	ore than 90 days	optional) after filing.) Pur	rsuant to 605.020
Note: If	f the date inserted in nt's effective date o	this block doe	s not meet th	ie applicable	statutory tilin	g requirements	, this date will	not be listed a
ie reco The 9	ord specifies a d 90th day after th	elayed effec ne record is	tive date, filed.	but not ar	ı effective t	ime, at 12:0	01 a.m. on	the earlier o
S Dated	September 27		20	17				
			//					
		\sim	1111	7		of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00