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COVER LETTER

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cun ic	Gemini Mol		۶	
SUBJEC	##		ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Elizabeth Milner		
			Name of Person	
		The Milner Group, LLC		
			Firm/Company	·····
		153 Sheridan Avenue		
			Address	
		Longwood, FL 32750		
		eymilner@gmail.com	City/State and Zip Code	
		E-mail address: (I	to be used for future annual report notifi	cation)
For furth	er information co	oncerning this matter, please ca	all:	
Elizabet	h Milner		407 416-6285 at ()	
	Name of	f Person		Telephone Number
Enclosed	d is a check for th	ne following amount:		
\$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate 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 ARTICLES OF ORGANIZATION **OF**

2019 AUG 12 AH 11: 16 ed Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company	were filed on _	09/19/2013	and assigned	
Florida document number L13000132426				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company h	ere:		
The Milner Group, LLC				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the	designation "LLC" or th	e abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	153 Sheridan Avenue			
(Principal office address MUST BE A STREET ADDRESS)	Longwood, FL	32750		
		 		
Enter new mailing address, if applicable:	153 Sheridan A	Avenue		
(Mailing address MAY BE A POST OFFICE BOX)	Longwood, FL	32750		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		n our records, <u>ent</u>	er the name of the	
Name of New Registered Agent:				
New Registered Office Address:	Euras El	orida street address		
	rauet eu	n wa sireei adaress		
		, Flo ri da		
	City		Zip Code	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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 to removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Elizabeth Milner	153 Sheridan Avenue	
			
		Longwood, FL 32750	
			Remove
			- Changa
	Brix Milner	153 Sheridan Avenue	■ Change
AMBR	BIX WINE	155 Sheridan Avenue	Add
		Longwood, FL 32750	
			Remove
			E Change
			~
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Effective date, if other than the date in effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	e specific and cannot be proceeded to the specific does not meet the app	licable statutory filing		
e record specifies a delayed e The 90th day after the record		not an effective ti	me, at 12:01 a.m. on	the earlier (
Dated August 7	, 2019	·		
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	enature of a member or au	ithorized representative	of a member	
	, of a myshoci of au	incorpora representative	J. M. IJOHIOO	

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Filing Fee: \$25.00