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JAN 1 5 2020 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Milleria Property Partners 11c
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Ser Go Constand
Name of Person
Firm/Company
4700 Millenia blvd ste 175
Odando Fl 32839. City/State and Zip Code
Email address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sen (no Cros Parad at (407) 470 4488 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee

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

ARTICLI	ES OF ORGANIZAT	ΓΙΟΝ	77.7
Millema W (Name of the Limited Lial (A Flor	OF AA HO billity Company as it now appear irida Limited Liability Company)	rs on our records.)	FILE ID PIL
The Articles of Organization for this Limited Liability Florida document number15000 64	Company were filed on _{ _9_68	14/16/2015	Fand assigned
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the li	Partners IIc	•	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or re registered agent and/or the new registered office a		our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Flor	rida 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Change
			Remove
			Change
		 	🖸 Add
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		Signat	ure of a m	ember or au	thouzed rep	resentative of	of a niember)		

Page 3 of 3

Filing Fee: \$25.00