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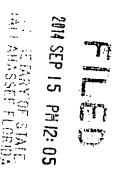
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COVER LETTER

TO: Registration Section **Division of Corporations** Mills & Ridgewood, LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Matthew G. Kovarik Name of Person DeLoach, P.L. 1206 E. Ridgewood Street Orlando, Florida 32803 City/State and Zip Code matt@deloachplanning.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Matthew G. Kovarik Name of Person Daytime Telephone Number

Enclosed is a check for the 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

Mills & Ridgewood, LL			
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited I Florida document number L0300001051	9	y were filed on March 24, 2003	and assigned
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited lial	bility company here:	
N/A			
The new name must be distinguishable and end with the	e words "Limited Lia	bility Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if appli	icable:	N/A	
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u> </u>	N/A	
B. If amending the registered agent and registered agent and/or the new registered of		office address on our records, <u>enter t</u> re:	he name of the ne
Name of New Registered Agent:	N/A		R R
New Registered Office Address:	N/A	Enter Florida street address	5 5
		, Florida	
		City	Ezip Code
New Registered Agent's Signature, if changing	Registered Agent	•	:- O

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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

ANIDK - A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Carla A. DeLoach	400 East Compton Street	= Add
		Orlando, Florida 32806	□ Remove
			□ Remove
			□ Add
			□ Remove
			□ Adđ
			Remove
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date this document is filed by the Florida Department of State)	man 20 days and
ed 1/1/14	
Signature of a member or authorized representative of a median A. DeLoach, as Authorized Rep	
	ember
Signature of a member of authorized representative of a m	

Page 3 of 3

Filing Fee: \$25.00

