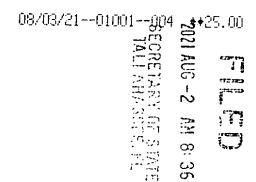
# 

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
· (Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only









# Filing Cover Sheet

To: Florida Division of Corporations

From: LESLIE SELLERS C/O Capitol Services, Inc.

Date: 7/30/2021

Trans#: 1217847



)

Phone: 855-498-5500

# Entity Name: MILLERS LLC

Articles Incorporation ( )	Articles of Amendment (XXX)
Articles of Dissolution ( )	Annual Report ( )
Conversion ( )	Fictitious Name ( )
Foreign Qualification ( )	Limited Liability ( )
Limited Partnership ( )	Merger ( )
Reinstatement ( )	Withdrawal / Cancellation (
Other ( )	

## STATE FEES PREPAID WITH CHECK #2283 FOR \$25.00

## **PLEASE RETURN:**

Certified Copy ( ) [Plain Stamped Copy (XXX)

Good Standing ( ) Certificate of Fact ( )

#### COVER LETTER

TO: Registration Sec Division of Corp			
Millers LLC			
SUBJECT:	Name of Limi	ned Liability Company	UPI-
The enclosed Articles of a	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Wendy M. Chappell, Paral	cgal	
		Name of Person	<del></del>
	c/o Williams Mullen Clark	& Dobbins, P.C.	
		Firm/Company	<u>.                                    </u>
	222 Central Park Avenue,	Suite 1700	
		Address	<del></del>
	Virginia Beach, VA 2346		
	.,	City/State and Zip Code	
	wchappell@williamsmuller	n.com to be used for future annual report noti	Carting
For further information c	oncerning this matter, please c	·	nearion)
Wendy M. Chappell, Par	ralegal	757 473-5436	
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	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 Addre		<u>Street Address:</u> Registration Se	ction
Registration Division of 0		Division of Cor	
P.O. Pay 621	•	The Centre of I	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Miller			_	_	
(Name of the Limited Li (A F	iability Compa Iorida Limited L	ny n <u>y it now appears on our</u> liability Company)	records.)		_	
The Articles of Organization for this Limited Liabil Florida document number	ity Company	were filed on 12/17/2004		and	assigne	d
This amendment is submitted to amend the following	ıg:					
A. If amending name, enter the new name of the	c limited liab	ility company here:				
Millers Holdings of Florida LLC						
The new name must be distinguishable and contain the words	"Limited Liabil	ity Company," the designation	"LLC" or the ab	orcviation	"L.L.C."	,
Enter new principal offices address, if applicable:		1000 E. City Hall Avenu	ie	<u> </u>	202	
(Principal office address MUST BE A STREET A	DDRESS)	Norfolk, VA 23504		二品	A	77.7
				2.5		and the
		-		設等	2	1
Enter new moiling address if applicable		1000 E. City Hall Avenu	ie	Si Co Mini	Ē	
	new mailing address, if applicable:    1000 E. City Hall Avenue   The state of the new reserved agent and/or registered office address on our records, enter the name of the new reserved agent and/or registered office address on our records, enter the name of the new reserved.					
Milling liquiess may be a 1031 Office BO2	<u>~1</u>	<u> </u>				
agent and/or the new registered office address he			enter the nam	e of the	new re	gistered
New Registered Office Address:	3300 PGA Boulevard, Suite 630					
The Winds grant of the Winds of		Enter Florida street				
I	Palm Beach Gardens		, Florida 33410 Zip Code			
-	City		Zip Code			
New Registered Agent's Signature, if changing Regi	stered Agent:					
I hereby accept the appointment as registered a provisions of all statutes relative to the proper of accept the obligations of my position as register being filed to merely reflect a change in the regi- company has been notified in writing of this cha-	ind complete red agent as f istered office inge	performance of my dut provided for in Chapter	ies, and I am J 605, F.S. Or, rm that the lin	familiar if this a nited lia	with an locumen ibility	nd

i )

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	Jeffrey G. Miller	1000 E. City Hall Avenue	≡Add
		Norfolk, VA 23504	□ Remove
			□Change
	-		□Add
			□Remove
			SET OF Remayo
			Change
			Add
			□Change
		□Add	□Add
			□ Remove
			□Change
			□Add
		<u> </u>	□Remove
			∏ Change

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	<u>: 3                                   </u>	`` <sup>\</sup> *==
	Fri 6	-
on filing of this Amendment.  Tective date, if other than the date of filing:  on filing of this Amendment.  on filing of this Amendment.  on filing of this Amendment.  If the date is listed, the date must be specific and cannot be prior to date of filing or more than ote:  If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	(optional) 190 days after filing.) Pursuant to 60: rements, this date will not be list	5,020 ted as
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the is filed.	earlier of: (b) The 90th day afte	r the
ated		

Filing Fee: \$25.00