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EXAMINER



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## **COVER LETTER**

Division of C				
SUBJECT:	Jill K	. Millins, LLC		
~~~~~~~ <u>~~~</u>		nited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	oondence concerning this matte	er to the following:		
		Jill K. Millins		
		Name of Person		
		Jill K. Millins, LLC		
		Firm/Company		_
		1245 Carlene Avenue		
	· · · · ·	Address		<del></del>
		Ft. Myers, FL 33901		
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	—
		jkr_4@comcast.net (to be used for future annual report		_
			: пописаноп)	
For further information	concerning this matter, please	call:		
	Jill K. Millins	at (_239_)	404-8984	
Name	of Person	Ārea Code & D	aytime Telephone Num	iber
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enc	Certifi (losed)	Filing Fee, ficate of Status & fied Copy tional 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

(Name of the Limited (A	Jill K. Mill Liability Compa Florida Limited L	ins, LLC ov as it now appear liability Company)	s on our records.)	· · · · · ·
The Articles of Organization for this Limited Li Florida document number L05000033	, ,	were filed on	04/07/2005	and assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liab	ility company her	<u>e</u> :	
The new name must be distinguishable and end wit "L.L.C."	h the words "Limi	ted Liability Compa	ny," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applic	able:	1245 Carlene	Avenue	
(Principal office address MUST BE A STREE	T ADDRESS)	Ft. Myers, FL	33901 🕏	(0)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	1245 Carlene Ft. Myers, FL	ــــــ	COPEC - I
B. If amending the registered agent and/oregistered agent and/or the new registered of  Name of New Registered Agent:	or registered off fice address here	fice address on o	DΑ	မ
New Registered Office Address:	1245 Carlen		·	
	•	- Ent	er Florida street add	ress
	F	t. Myers	, Florida	33901
		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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> **Type of Action Address** ☐ Add Remove Add Remove  $\square$  Add \_ Remove Remove  $\prod Add$ Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November 23 Signature of a member or authorized representative of a member Jill K. Millins Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00