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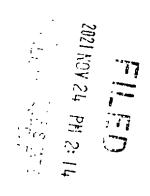
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## COVER LETTER

TO: Registration Division of C	i Section Corporations		<b>y</b>
	n Design Studios, LLC		•
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Stacey Miller		
		Name of Person	
	Reaxtion Design Studios,	LLC	202
		Firm/Company	
	169 Southampton Drive		2021 NOV 24
		Address	F. P.K
	Kissimmee, FL 34744		2:
		City/State and Zip Code	<u> </u>
	stacey@reaxtion.co	to be used for future annual report not	ification)
For further information	on concerning this matter, please c		
Stacey Miller		407 572-3625	
Nan	ne of Person		ne Telephone Number
Enclosed is a check for	or the following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Ado Registratio		Street Address: Registration Se	ection
Division o	f Corporations	Division of Co	rporations
P.O. Box (	6327 se, FL 32314	The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810
i alialiasse	, 1 L JLJ ( <del>T</del>	Tallahassee, F	•

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Reaxtion Design Studios, LLC			
(Name of the Limited Liability (A Florida L	Company as it now appears on imited Liability Company)	our records.)	—
The Articles of Organization for this Limited Liability Cor	mpany were filed on $\frac{01/29/2}{}$	010	_ and assigned
Florida document number L10000010998			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company here:		
Miller Technology Professionals, LLC			
The new name must be distinguishable and contain the words "Limite	d Liability Company," the design	ation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			201
Principal office address MUST BE A STREET ADDRE	(22)	•	
Trincipus Office unuress most BE A STREET ABORE	<u> </u>		
			+- ;
		, , ,	
Enter new mailing address, if applicable:			No.
(Mailing address MAY BE A POST OFFICE BOX)		- 1274	=
	<del></del>		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our recor	ds, enter the name o	of the new regis
Name of New Registered Agent:			··
New Registered Office Address:			
	Enter Florida s	treet address	
		, Florida	<u>.                                    </u>
	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 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	Martha Miller	169 Southampton Drive	■Add
		Kissimmee, FL 34744	□Remove
			□ Change
			□ Add
			Remove 282
			Change 22 Add PP Remove
			□Add
			□ Remove
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ective date, if other than the date of filing:			(optio	nal)		
effective date is listed, the date must be specific and cannot be prite: If the date inserted in this block does not meet the appl	ior to date of f licable statut	filing or more than tory filing requi	90 days after frements, this	iling.) Pi date wi	ursuant to II not be	605.03 listed
cument's effective date on the Department of State's record						
		01	. r 6 43	TTL - 0	-Λ.L. J	
cord specifies a delayed effective date, but not an effective s filed.	e time, at 12:	tul a.m. on the	earner of: (b)	ine 9	oth day	aneri
November 21st 2021	·	1				
ed						
ed						
Signature of a member or au	Horized repre	esentative of a me	mber	<del></del>	·	_