# LII 000097533

| (Req                      | juestor's Name)   |             |
|---------------------------|-------------------|-------------|
| (Add                      | lress)            |             |
| (Add                      | lress)            |             |
| (City                     | //State/Zip/Phone | e #)        |
| PICK-UP                   | ☐ WAIT            | MAIL        |
| (Bus                      | iness Entity Nar  | me)         |
| (Doc                      | cument Number)    | <del></del> |
| Certified Copies          | Certificates      | s of Status |
| Special Instructions to F | iling Officer:    |             |
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### **COVER LETTER**

| TO:     | Registration Sec<br>Division of Corp  |  | *   | *  |
|---------|---|--|---|--|
| 2115.15 |   | E MILLER EA LLC                            | ٠   | <i>P</i>   |
| SUBJE   | CT:   | Name of Limi                               | ted Liability Company   |  |
| The en  | closed Articles of a  | Amendment and fee(s) are sub-              | nitted for filing.  |  |
| Please  | return all correspo   | ndence concerning this matter              | to the following:   |  |
|         |   | MARY LEE MILLER                            |   |  |
|         | MARY LEE MILLER EA LLC  Name of Limited Liability Company  nclosed Articles of Amendment and fee(s) are submitted for filing.  return all correspondence concerning this matter to the following: |  |   |  |
|         |   | MARY LEE MILLER EA                         | LLC   |  |
|         |   |  | Firm/Company  | <del></del>  |
|         |   | 6278 N FEDERAL HIGH                        | VAY SUITE 293   |  |
|         |   |  | Address   |  |
|         |   |  |   |  |
|         |   |  | City/State and Zip Code   | <del></del>  |
|         |   | ERIC@MARYLEEMILLE                          | REA.COM   |  |
|         |   | E-mail address: (                          | to be used for future annual report no                              | tification)  |
| For fu  | ther information c  | oncerning this matter, please e            | all:  |  |
| MAR     | Y LEE MILLER  |  |   |  |
|         | Name o  | f Person                                   | Area Code Dayti   | me Telephone Number  |
| Enclos  | sed is a check for the  | he following amount:                       |   |  |
| □ s:    | 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>88:</u>                                 | Street Address:   |  |

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

ARTICLES OF ORGANIZATION
OF %

2021 NOV 22 AH 7: 04

### MARY LEE MILLER EA LLC

SECRETARY OF STATE TALLAHASSEE, FL

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| The Articles of Organization for this Limited  <br>Florida document number L11000097533 | Liability Company  | were filed on A             | UGUST 25, 2011 and assigned                    |  |
|---|--|-----------------------------|--|--|
| This amendment is submitted to amend the fol  | lowing:  |                             |  |  |
| A. If amending name, enter the new name of  | of the limited liab  | oility company h            | ere:   |  |
| The new name must be distinguishable and contain the                                    | words "Limited Liabi   | lity Company," the o        | lesignation "LLC" or the abbreviation "L.L.C." |  |
| Enter new principal offices address, if applicable:                                     |  | 1440 CORAL RIDGE DRIVE #319 |  |  |
| (Principal office address MUST BE A STREET ADDRESS)                                     |  | CORAL SPRINGS FL 33071      |  |  |
|   |  |                             |  |  |
| Enter new mailing address, if applicable:   |  | 1440 CORAL F                | RIDGE DRIVE #319                               |  |
| (Mailing address MAY BE A POST OFFICE BOX)  |  | CORAL SPRIN                 | IGS FL 33071                                   |  |
| B. If amending the registered agent and/or agent and/or the new registered office addre | registered office a  | address on our r            | ecords, enter the name of the new registere    |  |
| Name of New Registered Agent:   | <del></del>  | CEK                         |  |  |
| New Registered Office Address:  | 1440 CORAL F   | RIDGE DRIVE #3              | 19   |  |
|   | CORAL SPRINGS FL 33071  pplicable: 1440 CORAL RIDGE DRIVE #319  CORAL SPRINGS FL 33071  CORAL SPRINGS FL 33071  gent and/or registered office address on our records, enter the name of the new office address here:  d Agent: ERIC J. POLACEK | ido street address          |  |  |
|   | CORAL SPRIN  | IGS FL                      | , Florida <sup>33071</sup>                     |  |
|   |  | 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 Regist red 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 = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>      | Address                       | Type of Action |
|--------------|------------------|-------------------------------|----------------|
| MGR          | ERIC J POLACEK   | MANAGING MEMBER               |                |
|              |                  | 1440 CORAL SPRINGS DRIVE #319 | □Remove        |
|              |                  | CORAL SPRINGS FL 33071        | □Change        |
| AMBR         | KELLY LEE WAŁKER | AUTHORIZED MEMBER             | <b>=</b> Add   |
|              |                  | 30 OLIVER AVENUE              | □Remove        |
|              |                  | PENNSVILLE NJ 08070           | 🗆 Change       |
| AMBR         | MARY LEE MILLER  | AUTHORIZED MEMBER             | □Add           |
|              |                  | 6278 N FEDERAL HWY #293       | □Remove        |
|              |                  | FORT LAUDERDALE FL 33308      | Change         |
|              |                  |                               | □Add           |
|              |                  | <del></del>                   | □Remove        |
|              |                  |                               | Change         |
|              |                  |                               |                |
|              |                  |                               | □Remove        |
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| Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the Department. | nate of thing:<br>be specific and cannot<br>ck does not meet the | applicable statutor   | (o) ng or more than 90 days a ry filing requirements. | ptional)<br>ther filing.) Pursuant to 60<br>this date will not be lis | 05.0207<br>sted as |
| record specifies a delayed effective d is filed.  | date, but not an effe  | ective time, at 12:01 | a.m. on the earlier of                                | ; (b) The 90th day aft  | ter the            |
|   | 2021   | l                     |   |   |                    |
| NOVEMBER 15<br>Dated  |  |                       |   |   |                    |
| Dated NOVEMBER 15   | The -  | •                     |   |   |                    |
| oatedUlledu   | ignature of a member   | or authorized represe | ntative of a member                                   |   |                    |

Filing Fee: \$25.00