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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

B. BOSTICK
MAY - 7 2012
EXAMINER

## **COVER LETTER**

Division of Corpo	rations				
MTICMAS	70 II.O				
SUBJECT: MILSMAYO, LLC  Name of Limited Liability Company					
		, ,			
The enclosed Articles of An	nendment and fee(s) are sul	bmitted for filing.			
Please return all corresponde	ence concerning this matter	r to the following:			
	Christopher A	· · · · · · · · .			
		Name of Person			
	Law Office of	Christopher A. Roche			
•	_ DAW OITICE OI	Firm/Company			
	000				
	229 N. Collie	r Boulevard Address			
		Addices			
Marco Island, FL 34145					
City/State and Zip Code		<b>5</b>	_		
-	CROCHE@MARCOC	ABLE.COM (to be used for future annual report notification)		<b>₹</b>	
		•		HAY	
For further information cond	cerning this matter, please of	call:	AR)	-2	FILED
Christopher	A. Roche	at (239 ) 389-0700		<u> </u>	
Name of Pe	<del></del>	Area Code & Daytime Telephone Number	755	<u></u>	O
			ATE RID	AH 10: 22	
Enclosed is a check for the f	following amount:		<b>&gt;&gt;</b>		
		Fig. 60 Fill B. 6			
X \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Fil Certified Copy Certifica	ing Fee, ite of Statu	s &	
		(additional copy is enclosed) Certified		معمام	and)
		(addition	al copy is	theios	scu)
MAILING	G ADDRESS:	STREET/COURIER ADDRESS:			

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

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MILSMAYO, LLC			
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our records.) d Liability Company)		
The Articles of Organization for this Limited Liability Compar	ny were filed on September 23, 201 land assigned		
Florida document number L11000109745			
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited lia	EG » M		
The new name must be distinguishable and end with the words "Lir" L.L.C."	mited Liability Company," the designation "LLC of the brewaldo		
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	235 N. Collier Boulevard  Marco Island, FL 34145		
Enter new mailing address, if applicable:	235 N. Collier Boulevard		
(Mailing address MAY BE A POST OFFICE BOX)	Marco Island, FL 34145		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he Name of New Registered Agent:  New Registered Office Address:	office address on our records, enter the name of the nevere:  Enter Florida street address		
	, Florida		
-	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 Changing Registered Agent, Signature of New Registered Agent

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>	Name	Address	Type of Action
	MGRM	Mils Mayo	410 N. Madison Street Marshall, MI 49068	Add X Remove
	-MGR	Linda Shouldice	235 N. Collier Boulevard Marco Island, FL 34145	X Add Remove
	<del></del>	<del> </del>		Add Remove
•				Add Remove
				Add Remove
				Add Remove
	D. If amendi	ng any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	12
			AHASSEE	
	Dated <u>Dece</u>	ember 30 <sup>th</sup> , 201	1	AH 10: 22
	- <u>-</u>	Signature of a member are typed of the state of t	or authorized representative of a member ad Managing Member or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00