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## COVER LETTER

COVERLETTER
TO: Registration Section Division of Corporations
SUBJECT: Miles Grand U.C.  Name of Limited Diability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Gisselle Bader
Budik Group LLC
Firth/Company  116 N. DIXW Hive
Address
CityState and Zip Code
E-nfail address: (to be used for future argual report notification)
For further information concerning this matter, please call:
Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S55.00 Filing Fee Scrifficate of Status Certified Copy (additional copy is enclosed)  WARRING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  S55.00 Filing Fee & Scriffied Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  STREET/COURIER ADDRESS: Registration Section Division of Corporations Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301
MALING ADDRESS: Registration Section Division of Corporations P.O. Box 6327  MALING ADDRESS: Registration Section Division of Corporations Clifton Building
Tallahassee, FL 32314  2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

badir Grupi	UC.	
( <u>Name of the Limited Liability Cdmpar</u> (A Florida Limited L	y as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>LICOONFOTO</u> .	were filed on [0.3].201]	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	ity Company." the designation "LLC" or the N. Dixie His. Lautaila, Fi 231	abbreviation "L.L.C."  14  26  2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	116 N. Dixieth	19 July 22 7
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, ente	To the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	2. 7. 1
	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 Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member Type of Action Title <u>Name</u> Address Gisselle Bucher .□ Add ☐ Remove (hange \_□ Add \_□ Remove \_ Change □ Add <u>Cr</u>□ **Re**move □ Change □ Add □ Remove ☐ Change \_□ Add □ Remove

\_D Change

). If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<u></u>
	20 P 2 P 2 P 2 P 2 P 2 P 2 P 2 P 2 P 2 P
	Continual Contin
Note	ctive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the specifies and after the record is filed.
Date	1 17.15.2019
	11 11/21/ 31 / \
	Signature of a member or authorized representative of a member