## L12 600 112097

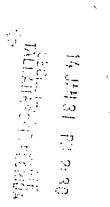
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	

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J. Strivers FEB 0 4 2013



## SCOTT W. MILLER, ESQ. SCOTT W MILLER LLC 3322 Ashmonte Drive Land O Lakes, Florida 34638 813.310.9713 cellular scottw.miller@sothebysrealty.com

January 28, 2014

Via Regular Mail
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Name change and enclosed filing fee for Scott W Miller LLC

Dear Sir / Madam:

Enclosed please find a check in the amount of \$25.00 made payable to the Florida Department of State, in payment of the applicable fee to amend my sole-member LLC to this point registered as Scott W Miller LLC. The new name will be Miller Esquire Properties LLC.

If you have any questions, kindly contact the undersigned. I thank you for your attention to the foregoing.

Very truly yours,

Scott W. Miller, Esq.

## **COVER LETTER**

TO: Registration Section Division of Corporation			
SUBJECT: 5んナ	+ W Miller	r LLC	
	Name of Limi	ted Liability Company	
The enclosed Articles of Am	nendment and fee(s) are subr	nitted for filing.	
Please return all corresponde	ence concerning this matter t	to the following:	
	Sut	t W. Miller	
	Satt	W Milly LL Firm/Company	<i>C</i>
	3322	Ashnonte Di	~ ive
		O Lalas, FL 341	
-		miller 32@gmail o be used for future annual report no	
For further information conc	erning this matter, please ca	dl:	
Satt V	U. Miller	at (813) 310. Area Code Dayti	9713
Name of Pe	rson	Area Code Dayti	me Telephone Number
Enclosed is a check for the f	•		
\$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 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

Jatt W V	Miller LLC			
( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) orida Limited Liability Company)		_	
The Articles of Organization for this Limited Liability Florida document number 11200011209	y Company were filed on August 31, 201	2 an	d assign	ed
This amendment is submitted to amend the following	ŗ:			
A. If amending name, enter the new name of the l  Miller Esquire  The new name must be distinguishable and end with the words				
The new name must be distinguishable and end with the words	"Limited Liability Company," the designation "LLC" or the	abbreviat	ion "L.L.C	3."
Enter new principal offices address, if applicable:				<u></u>
(Principal office address MUST BE A STREET AD	ODRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered agent and/or the new registered office a	egistered office address on our records, enter	the na	ame of	the new
Name of New Registered Agent:		- 1 4 2. - 2.		<del></del> ;
New Registered Office Address:		7.	رن	· :
	Enter Florida street address		72	,
_	Enter Florida street address , Florida City  rered Agent:	Zip (	Code	* *
New Registered Agent's Signature, if changing Register	ered Agent:	35- 15	<u>အ</u>	• •
I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this change	ent and agree to act in this capacity. I further as d complete performance of my duties, and I am d agent as provided for in Chapter 605, F.S. Or tered office address, I hereby confirm that the li	gree to c familia ; if this	comply v r with a docume	with the

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

<u> Title</u>	<u>Name</u>	Address	Type of Action
• • • • • • • • • • • • • • • • • • • •		•	Add
			□ Remove
			□ Add
			Remove
			□ Add
			□ Remove
			Add
			□ Add
			□ Add
			□ Remove
<del></del>			Add
			☐ Remove

If amending any other information, enter change(s) here: (Attach add	ditional sheets, if necessary.)
	.,
Effective date, if other than the date of filing:  the effective date must be specific, cannot be prior to date of receipt or filed date and can the date this document is filed by the Florida Department of State)	(optional) not be more than 90 days after
7 20 2014	
Dated January 28, 017.	
Sent W. Wich	
Signature of a member or authorized representation	ative of a member
Dated January 28, 2014.  Signature of a member or authorized representation of the state of the	

Page 3 of 3

Filing Fee: \$25.00