113000129414

(Re	questor's Name)			
(Ad	dress)			
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(Cit	y/State/Zip/Phone	> #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Do	cument Number)			
Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:			

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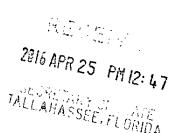
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Y SULKER



FLORIDA DEPARTMENT OF STATE Division of Corporations



March 30, 2016

MILTON SERVICES LLC 1490 NW 3AVE SUITE 110 MIAMI, FL 33136

SUBJECT: MILTON'S HANDY SERVICES LLC

Ref. Number: L13000129414

We have received your document for MILTON'S HANDY SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

SIGNATURE PAGE IS MISSING

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 816A00006508

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Milton's Houndy Services LLC Name of Limited Liability Company						
The enclosed Articles of Amendment a	nd fee(s) are submitted for	· filing.	•			
Please return all correspondence conce	rning this matter to the foll	owing:				
E	arnest	Milten				
	Nar Nar	me of Person evilus, UC				
<u>149 l</u>	NW 3rd (m/Company Address				
	Mian	Mi Pl 33/L ate and Zip Code ()	36			
_Mse	rvices 35.	in gmail, Co for future annual report notification	en,			
For further information concerning this Warne of Person	1/0//	(<u>786</u>) <u>308 172</u> Area Code Daytime Telej	phone Number			
Enclosed is a check for the following a	mount:					
\$25.00 Filing Fee \$30.00 Certif	cate of Status Ce	5.00 Filing Fee & ertified Copy dditional 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

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

(A Florida Limited Liability Company)

(A I	-lorida Limited Liability Company)			
The Articles of Organization for this Limited Liabilifornida document number <u>L130001294</u>		<u>3</u> and	assigne	ed
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the Millor's Sorvices C. The new name must be distinguishable and contain the words	e limited liability company here: "L." "Limited Liability Company," the designation "LLC" or the	abbreviation	L.L.C.	73
Enter new principal offices address, if applicable	e:			<u>.</u>
(Principal office address MUST BE A STREET A	(DDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.)	<u></u>			
			ගි	
			20	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter e address here:	r the nan	ue Ot	<u>lhe new</u>
Name of New Registered Agent:		<u>.</u> .	$\ddot{\wp}$	i series I
New Registered Office Address:		100 c. 100 c. 100 c.	ယ	
New Registered Office Fladress.	Enter Florida street address			
_	, Florida _			
_	City	Zip Co	ode	

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, 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		
			Add		
			Remove		
			Change		
			□ Add		
			□ Remove		
			☐ Change		
			Add		
			☐ Remove		
			Chamge		
			Chaffge Adfinition Refritore		
			Remove		
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Effective date, if other th	an the date of filing			(on	tional)		
fan effective date is listed, the one of the content of the date inserted in document's effective date or	late must be specific and of this block does not me	cannot be prior to eet the applicabl	date of filing or more e statutory filing r	than 90 days aft	er filing.) Pu	rsuant to 60: I not be list	5.0207 led as t
ne record specifies a de The 90th day after the $\int_{-\infty}^{\infty} \int_{-\infty}^{\infty} dx$	elayed effective dance record is filed.	ate, but not a	n effective tim	ne, at 12:01	a.m. on	the earli	er of
Dated FIPI	2,0016,		,				

Page 3 of 3

Filing Fee: \$25.00