## L13000146118

(Rec	questor's Name)	
(Add	fress)	
(Add	dress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

Office Use Only

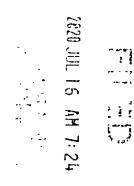


300348783113

RECEIVED

JUL 1 6 2020

07/23/20--01030--008 \*\*\$5.00



AUG 2 8 2020 S. YOUNG

## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

LES MILE:	S LLC				
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	LESLIE L MILES				
		Name of Person	<del></del>		
	LES MILES LLC				
		Firm/Company			
	P O BOX 9018				
	· · · · · · · · · · · · · · · · · · ·	Address			
	ST AUGUSTINE, FL 320	85			
		City/State and Zip Code	· <del></del>		
	LESMILESLLC@AOL.CO				
		to be used for future annual report noti	fication)		
For further information c	oncerning this matter, please co	AII:			
LES MILES		904 631-1799 at ()			
Name of Person		Area Code Daytim	e Telephone Number		
Enclosed is a check for the	ne following amount:				
□ \$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 Addres		Street Address:			
Registration 9 Division of C		Registration Sec Division of Cor			
P.O. Box 632	-	The Centre of T	•		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LES MILES LLC

(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	10000000000000000000000000000000000000
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000146118</u> .	y were filed on OCTOBER 16, 2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2410 PACETTI ROAD	
(Principal office address MUST BE A STREET ADDRESS)	ST AUGUSTINE, FL 32092	
Enter new mailing address, if applicable:	P O BOX 9018	
(Mailing address MAY BE A POST OFFICE BOX)	ST AUGUSTINE, FL 32085	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new registere
Name of New Registered Agent:	115-	
New Registered Office Address:	Enter Florida street address	
	Florida	Zip Code
	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 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>	Name	Address	Type of Action
MGR	BARRY BIRKETT	11 CLEARVIEW CT S	
		PALM COAST, FL 32137	■Remove
			Change
AMBR	ANN MARIE KELLEY	658 RIVER RUN BLVD	Add
		PONTE VEDRA, FL 32081	Remove
			☐ Change
			□Add
		<del></del>	□Remove
			□Change
			Remove
			Change
			□Remove
			Change
			Remove
			□Change

N/A					
<del></del>					
			<u> </u>		
		·			
				<u>.</u>	
<del>- · · · · · · · · · · · · · · · · · · ·</del>					
					<del> </del>
	<del></del>				<del> </del>
Tective date, if other than to an effective date is listed, the date inserted in this ocument's effective date on the	nust be specific and block does not m	cannot be prior to leet the applicab	date of filing or mon		ling.) Pursuant to 605,020
record specifies a delayed effectis filed.	tive date, but not a	an effective time	e, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
		2020			
JULY 10,					
ated	 /		. •		

13111 I3 do- 0