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Y. SCOTT SEP 10 2023

Y. SCOTT

SEP 10 ...

## **COVER LETTER**

TO: Registration Section Division of Corpor			
SUBJECT:	115 Investa	nent Managemen ited Liability Company	+ LLC
The enclosed Articles of Am	endment and fee(s) are sub	mitted for filing.	
Please return all corresponde	nce concerning this matter	to the following:	
	Stephen Mills Name of Person		
		Name of Person	
	Mills Inu	estmat Manage Firm/Company	ement, LLC
	6824 Sc	Firm/Company  Plaza L  Address	A SECTION STATE
	Live O	ak, FL 3206	O AHX SO
-	PVB	Address  OK FL 3206  City/State and Zip Code  OY 2055@ No be used for future annual report noti	ME, COAA! W
For further information conc	erning this matter, please ca	all:	······································
Stephen Name of Pe	m. M:11s	at (904) 41	2 - 8065 e Telephone Number
, same of the		, aca code ixi, and	e receptione (value)
Enclosed is a check for the fo	ollowing amount:		
\$25.00 Filing Fec	□ \$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 Sec		Street Address: Registration Se	
Division of Corp P.O. Box 6327	oorations	Division of Cor The Centre of T	•
Tallahassee, FL	32314		e Street, Suite 810
		Tallahassee Fl	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mills Investment M	Management LLC
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany axit now appears on our records.) ited Liability Company)
	pany were filed on $\frac{ 0/21/2013 }{(L43000148091)}$ and assigned
This amendment is submitted to amend the following:	,
A. If amending name, enter the new name of the limited	liability company here:
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES.	s) ARRIVET
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address: 68	24 Sumannee Plaza Ln. Suite 25.
L	ive Oak Florida 32060
	City Zip Code
New Registered Agent's Signature, if changing Registered Ag	
provisions of all statutes relative to the proper and comp	l agree to act in this capacity. I further agree to comply with the plete performance of my duties, and I am familiar with and t as provided for in Chapter 605, F.S. Or, if this document is affice address, I hereby confirm that the limited liability

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>	<u>Address</u>	Type of Action
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			Remove
			Change
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			□Remove
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ctive date, if othe effective date is listed,	r than the date of filin the date must be specific an	ng:	late of filing or more th	(optional) an 90 days after filing.	) Pursuant to 605.02
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<b>J</b>		/1 / //	// F 1/		
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Filing Fee: \$25.00