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(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 2, 2020

SCHADRE SHANTE'L DENT 620 PARK AVE STE 388 ROCHESTER, NY 14607

SUBJECT: THE MILITIA, LLC Ref. Number: L13000148370

We have received your document for THE MILITIA, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

There cannot be articles of organization attached to the articles of amendment beccause this entity already has articles of organization.

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) 245-6050.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 320A00010859

www.sunbiz.org

ARTICLES OF AMENDMENT TU ARTICLES OF ORGANIZATION OF

┰,	17.41
THE MILITIA, LL	nos appears on our records)
(Name of the Limited Liability Company as it (A Florida Limited Liability	Company)
The Articles of Organization for this Limited Liability Company were to	iled on $10/22/2013$ and assigned
Florida document number <u>L 13 (506 14 8 37</u> 0	, ,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	ompany here:
THE MILITH. I.I.C.	
THE MILITIA, LLC The new name must be distinguishable and contain the words "Limited Liability Contains".	pany," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	THE MILITIA, LLC
	THE MILITIA, LLC. 3727 SW 152 ^{NO} ST. PMB 305.
	11AMI FL 33177
Enter new mailing address, if applicable:	HE MILITIA, ILC
(Mailing address MAY BE A POST OFFICE BOX)	HE MILITIA, LLC 020 DARK AUE SUITE 388
<u>R</u>	OCHESTER, NY 14607
B. If amending the registered agent and/or registered office addres	s on our records, enter the name of the new registered
agent and/or the new registered office address here:	
Salvana	
Name of New Registered Agent: OCHADLE	DENT
New Registered Office Address: V5127 S	W 152 ND ST. PMB 3058
A A 10 0A 1	22177
- INTERPOLA	ry Florida 33177 Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree to a	act in this capacity. I further agree to comply with the

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 Degistered 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
CEO	SCHADRE DENT	620 PARL ALE	% [Add
		SUITE 388	□Remove
		fathestel by 14607	□Change
MEMBER	MILTON BAKER	13727 SW 15200 ST.	
		PMB 3058	□Remove
		MIAMI FL 33177	□ Change
			□Remove
			□ Change
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f the date inserted int's effective dat	d in this block doe e on the Departme	s not meet the app int of State's recor	licable statutory fifti ls.	ng requirements, this date will not be list
specifies a delayed.	ed effective date, l	out not an effective	time, at 12:01 a.m.	on the earlier of: (b) The 90th day after
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	Signatu	re of a member at	thorized representativ	e of a member

Filing Fee: \$25.00