

H14000261602 3  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**L14000032625**

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : GFB TAX SERVICE LLC  
Account Number : I20120000047  
Phone : (754)246-6160  
Fax Number : (954)510-2072

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SECRETARY OF STATE  
AND TREASURER OF FLORIDA

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: GASTONBELEN@GFBTAXSERVICE.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MILLON USA 3 LLC**

|                       |         |
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| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$25.00 |

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DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

NOV 20 2014  
J. BRUCE

COVER LETTER

H14000261602 3

TO: Registration Section  
Division of Corporations

SUBJECT: **MILLON USA 3 LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**GASTON BELEN**

Name of Person

**GFB TAX SERVICE LLC**

Firm/Company

**5210 SW 201st TERRACE**

Address

**SOUTHWEST RANCHES, FL 33332**

City/State and Zip Code

**GASTONBELEN@GFBTAXSERVICE.COM**

E-mail address: (to be used for future annual report notification)

STATE OF FLORIDA  
TALLHASSEE, FLORIDA

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For further information concerning this matter, please call:

**GASTON BELEN**

Name of Person

**754 246-6160**

at ( )

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H14000261602 3

MILLON USA 3 LLC

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

The Articles of Organization for this Limited Liability Company were filed on 02/20/2014 and assigned Florida document number L14000032625

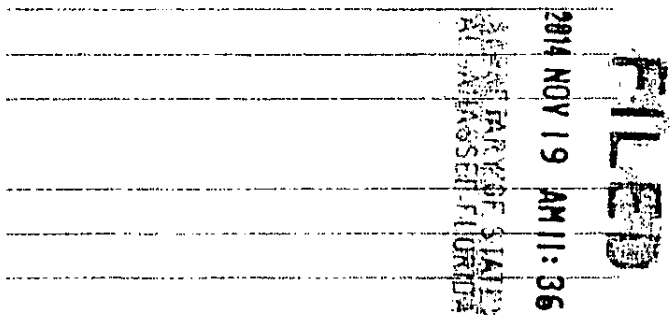
This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)



Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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 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

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u>           |
|--------------|-------------|----------------|---------------------------------|
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
| _____        | _____       | _____          | <input type="checkbox"/> Remove |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
| _____        | _____       | _____          | <input type="checkbox"/> Remove |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
| _____        | _____       | _____          | <input type="checkbox"/> Remove |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
| _____        | _____       | _____          | <input type="checkbox"/> Remove |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
| _____        | _____       | _____          | <input type="checkbox"/> Remove |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
| _____        | _____       | _____          | <input type="checkbox"/> Remove |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
| _____        | _____       | _____          | <input type="checkbox"/> Remove |

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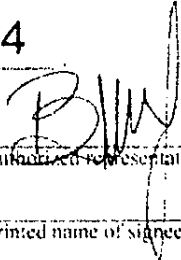
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

THE MANAGERS OF THIS COMPANY WILL NOT HAVE THE POWER TO SELL,  
TRANSFER, DISPOSE, CONVEY OR OTHERWISE ENCUMBER ANY OF THE  
COMPANY'S PRESENT OR FUTURE REAL ESTATE PROPERTY WHICH  
SHALL REQUIRE WRITTEN APPROVAL BY ACT OF ALL THE MEMBERS.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated November 7 2014



Signature of a member or authorized representative of a member

**GASTON BELEN**

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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