(Re	questor's Name)
(Ad	dress)
(Ad	diess)
(Cit	y/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	siness Entity Name)
(Do	cument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	J DEWYS
	SEP - 8 2023
R.07.06	0.23

Office Use Only

800404399708

07.06.23

COVER LETTER

TO: Registration S Division of Co			
Milk Medi	a LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Tiffany Gonzalez		
		Name of Person	
	Accounting to Scale Inc		
		Firm/Company	
	8055 Coral Way		
		Address	
	Miami, FL 33155		
		City/State and Zip Code	
	tiffany@accountingtoscale.		
For further information	e-mail address: (concerning this matter, please o	to be used for future annual report notif	neation)
	concerning this matter, prease o		
Tiffany Gonzalez		305 503 2814 at ()	
Name o	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	the following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 50
Mailing Addre		Street Address:	
Registration Division of 0		Registration Sec Division of Cor	
P.O. Box 632	•	The Centre of T	•

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



any as it now appears on our records.) Liability Company)	
were filed on April 7, 2014	and assigned
oility company here:	
lity Company," the designation "LLC" or the abb	reviation "L.L.C."
8252 NE 3 CT	
MIAMI, FL 33138	
	
address on our records, <u>enter the name</u>	of the new regis
Enter Florida street address	1 - LL-11 - A - L-1-1-1
, Florida	Zip Code
	were filed on April 7, 2014 sility company here: lity Company," the designation "LLC" or the abb 8252 NE 3 CT MIAMI, FL 33138 address on our records, enter the name Enter Florida street address

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
			□Add
			□ Remove
			Change
			□Add
			□ Remove
			Change
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
****			□Add
			☐ Change
			□Add
			☐ 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>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Add
			□Remove
			Change
	-		DAdd
			Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change

					
			-1		
		.			
(If an e Note:	tive date, if other than the offective date is listed, the date must If the date inserted in this bloment's effective date on the De	be specific and cannot be priced does not meet the appl	icable statutory filing requ	(optional) in 90 days after filing.) Pursuant to 605.0 direments, this date will not be listed	207 (3)(b l as the
If the reco		date, but not an effective	time, at 12:01 a.m. on the	earlier of: (b) The 90th day after t	he

Filing Fee: \$25.00

Typed or printed name of signee

Lianett Figueredo