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(((H16000156430 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TIMELINE BUSINESS CENTER LIC

Account Number : 120150000034 Phone : (239)344-7417

Fax Number : (888)344-7262

**Enter the email address for this business entity to be used 50F future ; annual report mailings. Enter only one email address please. **

Cmail	Address:	
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A. B. MILK LLC

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Ρ.

2

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ILK LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L14000104914	were filed on 06/30/2014	and assigne	ed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L L.C."	.,
Enter new principal offices address, if applicable:	1929 SW 15TH ST		
(Principal office address MUST BE A STREET ADDRESS)	41		
	DEERFIELD BEACH, FL 33442	夢 の 元	
		(S) (m) (1)	
Enter new mailing address, if applicable:	1929 SW 15TH ST		
(Mailing address MAY BE A POST OFFICE BOX)	41	<i>1</i> /1	
	DEFRFIELD BEACH, FL 33442	TE IN	h
			2
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		nter the name of t	he nev
Name of New Registered Agent:			
New Registered Office Address:	Enter Florido 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

FROM: 8883447262

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

Title	<u>Name</u>	Address	Type of Action
AMBR	ANDRE A LEITE	1929 SW 15TH ST	
		41	🔲 Remove
		DEFRFIELD BEACH, FL 33442	■ Change
MGR	AMERICO LEITE	1929 SW 15TH ST	
	****	41	
		DEERFIELD BEACH, FL 33442	
			☐ Change
		V-1	
			Change
AND THE PERSON STATES			□ Add
			□ Remove
			Change
***************************************			□ Add □ □ □ □ □ □ □ □ □ □ □ Remove : ;
			Change
***************************************			Add Car
			Remove
			Change

6/27/2016 5:14 PM FROM: 8883447262 TO: +18506176383 Ρ. D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) ANDRE A LEITE HAS 1% OF THE OWNERSHIP AND AMERICO LEITE HAS 99% OF THE OWNERSHIP OF THE COMPANY. E. Effective date, if other than the date of filing: 06/27/2016 _ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated _______06/27 2016

Page 3 of 3

Signature of a member or authorized representative of a member

ANDRE A LETTE
Typed or printed name of signee

Filing Fee: \$25.00