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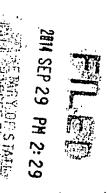
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## **COVER LETTER**

Division of Corporations	
SUBJECT: REMIL ENTERPRISES 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:	
Rachel Miller	
Name of Person	
· · · · · · · · · · · · · · · · · · ·	
Firm/Company	
108 Baker Avenue NW	•
Address	
FORT Walton Beach FL 32548 City/State and Zip Code	
MILLERES OD ODMAIL COM	y 44
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	ij
Kachel Miller at (850) 420-7519	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan (A Florida Limited L	PPGSES, LLC iv as it now appears on our records.) iability Company)	<del></del>
The Articles of Organization for this Limited Liability Company  Florida document number	3 1 27	2014 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil  REMIL ENTERPRISES ( The new name must be distinguishable and end with the words "Limited Liabil").	LIC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA	22
(Principal office address MUST BE A STREET ADDRESS)		H SEP
Enter new mailing address, if applicable:	NIA	29 PM
(Mailing address MAY BE A POST OFFICE BOX)		2: 29
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		enter the name of the new
Name of New Registered Agent:	NIA	
New Registered Office Address:	Enter Florida street address	<del></del>
	, Flori	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre		

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>	Type of Action
			Add
		<u></u>	□ Remove
			Add
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			TO Remove 2: 29
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		<del></del>	
			☐ Add
			Remove

),	f amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
• ,	ffective date, if other than the date of filing: 15 P (option to date of receipt or filed date and cannot be more than 90 days a mediate this document is filed by the Florida Department of State)		
	ated SEPTEMBER 22019, 2014.		
	Rochel Mieler		
	Signature of a member or authorized representative of a member    Cohe   Miller		

Page 3 of 3

Filing Fee: \$25.00

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