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## COVER LETTER .

TO: Registration Se Division of Con		
MILLS AV	VELLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of	f Amendment and fec(s) are submitted for filing.	
Please return all correspo	ondence concerning this matter to the following:	
	MAURO C. SANTOS	
	Name of Person	
	SANTOS & COMPANY, P.A.	
	Firm/Company	
	25 SE 2ND AVE, #1235	
	Address	
	MIAMI, FLORIDA 33131	
	City/State and Zip Code	
	MAUROSANTOS1@LIVE.COM  E-mail address: (to be used for future annual report notification)	
For further information of	concerning this matter, please call:	
MAURO SANTOS	305 371-5252	
Name o	at () of Person Area Code Daytime Telephone Number	
Enclosed is a check for the	the following amount:	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status  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/COURTER ADDRESS:
Registration Section
Division of Corporations
Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MILLS AVE LLC		
(Name of the Limite	d Liability Company as it now appears on our records. A Florida Limited Liability Company)	)
The Articles of Organization for this Limited Lia	ability Company were filed on 12/11/2014	and assigned
Florida document number 1.14000189349	······································	
This amendment is submitted to amend the following	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
MILLS VINTAGE LLC		
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	80X)	
B. If amending the registered agent and/o registered agent and/or the new registered off		enter the pame of the new
Name of New Registered Figure.		700
New Registered Office Address:		
	Enter Florida street address	877 6
	, Flor	ida Di N
	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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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Effective date, if other than the date of filing:	filing.) Pursuant to 605	i.0207 (3 ed as th
he record specifies a delayed effective date, but not an effective time, at 12:01 a The 90th day after the record is filed.	i.m. on the earlie	er of:
Dated APRI 24 , 2018		
Dated APRI 24 , 2018  VISTULE  Signature of a member or authorized representative of a member	·	

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Filing Fee: \$25.00