

4500000 4425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

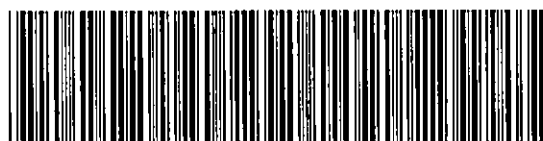
☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



500315783425

07/17/18--01003--007 **25.00

RECEIVED

JUL 16 2018

Special Instructions to Filing Officer:

CALLED 7/18/18
PERMISSION GIVEN TO CORRECT
DOCUMENT BY
ON THIS DATE

Millie,
Garcia

Page 3
(shares
to units)

Office Use Only

FILED
STATIONER
JUL 16 PM 12:25

N. CAUSSEAU

JUL 18 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MILIER SERVICE, 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:

MILIER GARCIA

Name of Person

MILIER SERVICE, LLC.

Firm/Company

1309 NW 18 TERR

Address

CAPE CORAL, FLORIDA 33993

City/State and Zip Code

MILIER2829@YAHOO.ES

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

For further information concerning this matter, please call:

MILIER GARCIA

786 246-8175
at ()

Name of Person

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MILIER SERVICE, 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 01/08/2015 and assigned
Florida document number L15000004425.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

1309 NW 18TH TERRACE

(Principal office address MUST BE A STREET ADDRESS)

CAPE CORAL, FL 33993

Enter new mailing address, if applicable:

1309 NW 18TH TERRACE

(Mailing address MAY BE A POST OFFICE BOX)

CAPE CORAL, FL 33993

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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	IDALMIS C. SOLER PEREZ	55 FAIRWAY DR. APT 18E	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33166	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

Partnership shall commence on 7/12/18 and will continue until it is terminated by one of the officers.

Partnership ~~shares~~ are as follows:

Units
Millier Garcia 50%

Idalmis C. Soler Perez 50%

The net profits (losses) of the Partnership will be divided equally between the Partners.

2018 JUL 16 PM 12:28


E. Effective date, if other than the date of filing: 07/12/2018 **(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 JULY 12 2018

X 

Signature of a member or authorized representative of a member

MILLIER GARCIA

Typed or printed name of signee