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SECRETARY OF STATE

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## COVER LETTER

Division of Corporations		
SUBJECT: Miller - Bis Name o	Paralesa) & Finan of Limited Liability Company	<u> -: 04 "                                  </u>
The enclosed Articles of Amendment and fee(s) are	e submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
Frank J	Name of Person	
Miller be	K Paralessal & Fin	aning "LL
<u>.540)</u>	3 H 5 H Address	
Saint f	City/State and Zip Code	3714
Frank mil E-mail addr	ter bey to ration cor ress: (to be used for future annual report notification	on)
For further information concerning this matter, plea	ase call:	
Frank miller Name of Person	at ( <u>787)</u> <u>648 –</u> Area Code Daytime Telo	ephone Number
Enclosed is a check for the following amount:  \$25.00 Filing Fee & Certificate of Statu		☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COURI		ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

**Registration Section** 

TO:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## TO ARTICLES OF ORGANIZATION OF

Miller - Bey rargleggl & Financing "LL"  (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 07/08/2015 and assigned
Florida document number <u>L1500011785</u> 7
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 "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the n 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

If Changing Registered Agent, Signature of New Registered Agent

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.

## or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Authori2	ed Frank James M	The III	
		3728 N 47th St, Jan	P1, F Remove
			Change
MGR	Emerson D. Lapsley	5200 28th St N Lot 35 St. Patarsburg, FL 33714	Add Add
			Remove
			Change
<del></del>	<del></del>		Add
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Effective date, if other than the date of filing:
(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.
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
) The 90th day after the record is filed.
Dated 14/14 19 2019/
-Signature of amember or authorized representative of a member
Frank T Milh/ To
Frank J Miller, Tr.  Typed or printed name of signee
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Filing Fee: \$25.00