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SLUKETARY OF STATE TALLAHASSEE, FLORIDA

2016 SEF 22 PH 2: 4

[7]

K. SALY SEP 2 3 2016

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	Name of Limited Liability Company	
The encl	osed Articles of Amendment and fee(s) are submitted for filing.	
Please re	eturn all correspondence concerning this matter to the following:	
	Jacqueline Millan Name of Person	
	Millz Auto Carrier, LLC Firm/Company	
	2116 Congress Ln	
	St - Claud, FL 34769 City/State and Zip Code	
	E-mail address: (to be used for further annual report notification)	
For furth	ner information concerning this matter, please call:	
	A CQUEINE Millan at (467) 593 1737 Name of Person Area Code Daytime Telephone Number	
Enclosed	d is a check for the following amount:	
\$25:	(additional copy is enclosed) Certified C	of Status &

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

ANTIGLES OF C	INGANIZATION Proposition
· · · · · · · · · · · · · · · · · · ·	F 2016 0
Millz Auto Co (Name of the Elmited Liability Compa (A Florida Limited I	TO THE SEP 22 PM 2: 48 Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 07 14 2015 and assigned
Florida document numberL1500012057.5	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab Millz Aut The new name must be distinguishable and contain the words "Limited Liabil	o Carriers, LLC
·	A M.O.
Enter new principal offices address, if applicable:	\sim
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records; enter the name of the new
Name of New Registered Agent:	NA
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

. It amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: FILED MGR = Manager 2016 SEP 22 PM 2: 49

SLUNETARY OF STATE
TALLAHASSEE, FLORIOA AMBR = Authorized Member <u>Title</u> <u>Name</u> <u>Address</u> Type of Action □ Add □·Remove ☐ Change □.Add. ☐ Remove ☐ Change □ Add ☐ Remove □ Change □ Add □-Remove-☐ Change □.Add □ Remove _□ Change ☐ Add ☐ Remove

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	FALLAHASSEE, FLORID
	SAMASSEE, FLORING
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	cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 neet the applicable statutory filing requirements, this date will not be listed as
e record specifies a delayed effective d The 90th day after the record is filed.	late, but not an effective time, at 12:01 a.m. on the earlier of
$\frac{09}{19}$	2016
Signature of a r	member or authorized representative of a member

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Filing Fee: \$25.00