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## **COVER LETTER**

TO: Registration Division of C			
My Treas	sure LLC		
SOBJECT:	Name of Lim	ited Liability Company	·· <u> </u>
The enclosed Articles	of Amendment and fec(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	William B. Milliken, Esq.		
		Name of Person	-
	Horr, Novak & Skipp, P.A	<b>.</b> .	
		Firm/Company	
	Two Datran Center, Suite	1700, 9130 S. Dadeland Blvd.	
		Address	<del></del>
	Miami, Florida 33156		
	wmilliken@admiral-law.co	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notificat	ion)
For further information	n concerning this matter, please c	all:	
William B. Milliken, I	∃sq.	305 670-2525	
Name	e of Person		lephone Number
Enclosed is a check fo	r the following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Add		Street Address: Registration Section	n n
Registration	Corporations	Division of Corner	

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

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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



		2420 F T	0.26 PN 6:13
My Treasure LLC			
(Name of the Limi	ted Liability Compar (A Florida Limited L	y as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited L	iability Company	were filed on July 27, 2015	and assigned
lorida document number L15000126694			
his amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name o	of the limited liabi	lity company here:	
he new name must be distinguishable and contain the	words "Limited Liabili	ty Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Inter new principal offices address, if appli	cable:		
Principal office address MUST BE A STREI	ET ADDRESS)		<u>-</u>
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	BOX)		
<ol> <li>If amending the registered agent and/or gent and/or the new registered office addre</li> </ol>	.,	ddress on our records, enter the	name of the new registe
Name of New Registered Agent:	Jonathan W. Sk	ipp, Esq.	
New Registered Office Address:	Horr, Novak &	Skipp, PA, 9130 S. Dadeland Blvd., S	uite 1700
rien registered Office Products.		Enter Florida street address	
	Miami	Planta	33156

## 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.

City

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 Title Name **Address** Type of Action \_\_\_\_\_\_ □Add \_\_\_\_\_ □Remove \_\_\_\_\_ □Change \_\_\_\_\_ □Remove \_\_\_\_\_ □Change □Remove \_\_\_\_\_ Change □Add □Remove \_\_\_\_ Change \_\_\_\_ □Remove

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(If an effect <u>Note:</u> If	ive date is listed, the the date inserted	in this block does	lic and cannot be prior t	o date of filing or more ble statutory filing re	(optional) than 90 days after filing, quirements, this date	) Pursuant to 605.0207 will not be listed as
If the record s record is filed	pecifies a delaye	d effective date, b	ut not an effective tin	ne, at 12:01 a.m. on t	he earlier of: (b) Th	e 90th day after the
Dated	2-1	1-2020	Ener	edith	į	
			- 1 60			
		Signature	nne.He Typed or printer	rized representative of a	member	

Filing Fee: \$25.00