L15000208283

(Rec	questor's Name)	
(Add	lress)	
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(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	
Q. SILA	AS	
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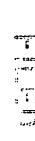
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TO:

Registration Section

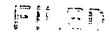
Tallahassee, FL 32314

Div	ision of Cor	porations		
	Millertime I	nvesting LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	l Articles of a	Amendment and fee(s) are subt	nitted for filing.	
Please return	all correspo	ndence concerning this matter t	o the following:	
		David Miller		
			Name of Person	
			Firm/Company	
		276 Meadow Beauty Terrac	ce	
			Address	
		Sanford, FL 32771		
		120	City/State and Zip Code	
		dmillersoccer12@gmail.com E-mail address: (t	o be used for future annual report no	tification)
For further is	nformation c	oncerning this matter, please ca	ıll:	
David Mille	r		407 323-4210 at ()	
	Name o	f Person	Area Code Daytii	ne Telephone Number
Enclosed is a	a check for th	ne following amount:		
□ \$25.00 I	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)
	iling Addres gistration S		Street Address: Registration Se	
	vision of C D. Box 632	orporations 7	Division of Co The Centre of	-
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2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 JAH - 3 PH 4: 56 Millertime Investing LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SEO The Articles of Organization for this Limited Liability Company were filed on $\frac{12/15/2015}{1}$ and assigned Florida document number 1.15000208283 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 "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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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.

Enter Florida street address

_. Florida ____

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>	Address	Type of Action
VicePresi	Anne-Marie Miller	276 Meadow Beauty Terrace	= Add
		Sanford, FL 32771	□Remove
			□Add
			□ Remove
			□Change
			□Add
			□ Remove
			□ Change
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ective date, if other than the da	ite of filing:		(optiona	al)
n effective date is listed, the date must be <u>ite:</u> If the date inserted in this block cument's effective date on the Depa	c does not meet the appl	icable statutory filing	re than 90 days after 101 requirements, this da	ng.) Pursuant to 605.020 ate will not be listed as
ecord specifies a delayed effective da s filed.	ate, but not an effective	time, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after the
December 27th	2021			
			_ '//	
	1/2/1		1/1/5	
Sig	enature of a member of aut	horized representative (if a member	