## L15000212311

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## **COVER LETTER**

TO:

TO: Registration Se Division of Cor					
MILLER E	NTERPRISES OF POLK COU	JNTY, LLC			
SUBJECT:	Name of Lim	nited Liability Company	·		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	McALPIN T. MILLER, SI	R.			
		Name of Person			2013
		Firm/Company		ALL ALL	2025 JAN -3
	314 E. MAXWELL STRE			ASSEE.	-3 PM
		Address	_	FLORI	H 3: 23
	LAKELAND, FLORIDA			0.000	23
	mac@millerageo.com	City/State and Zip Code			
For further information c	E-mail address: ( oncerning this matter, please c	to be used for future annual report noti	fication)		
McALPIN T. MILLER,		863 712-3685			
Name o	f Person	at () Area Code Daytim	e Telephone Number		
Enclosed is a check for th	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	of Status	
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ction		
Division of C P.O. Box 632	•	Division of Cor The Centre of T	porations		
Tallahassee, I			e Street, Suite 81	0	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MILLER ENTERPRISES OF POLK COUNTY, LLC

(Name of the Limit	ed Liability Compa (A Florida Limited	any as it now appears on our r Liability Company)	ecords.)
The Articles of Organization for this Limited Li Florida document number L15000212311	ability Company	were filed on December 29	2, 2015 and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liab	oility company here:	
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if application	able:	314 E. Maxwell Street	
(Principal office address MUST BE A STREET ADDRESS)		Lakeland, Florida 33803	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		314 E. Maxwell Street Lakeland, Florida 33803	TALLAHBESE
B. If amending the registered agent and/or reagent and/or the new registered office addres		address on our records, <u>e</u>	nter the name of the new register
Name of New Registered Agent:	Richard A. Mil	ler	
New Registered Office Address:	2323 South Flo	orida Avenue	
		Enter Florida street a	ddress
	Lakeland	<del></del> -	, Florida <u>33803</u>
		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>	Address	Type of Action
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Effective date, i	f other than the s listed, the date must inserted in this blo	t be specific and o ock does not me	cannot be prior to e eet the applicabl	date of tiling or m	ore than 90 days at	tional) ler filing.) Pursuan his date will not	it to 605.0 be liste	0207 d as
f an effective date i <u>Note:</u> If the date	tive date on the De							.1
fan effective date i  Note: If the date  document's effect  record specifies	tive date on the De	e date, but not a	ın effective time	, at 12:01 a.m. (	on the earlier of:	(b) The 90th d	ay after	ine
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