Ulocco 10/62

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2018 OCT -4 PM 5: 44 SECRETARY OF STATE

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S. PRATHER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: UNTULY Chic LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michelle TONIOR Name of Person
Firm/Company
2410 NW 155th Street
Address
miamigarders, FL 33054
michelle: + aylor oblow gmail com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (186) 578-8447 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

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 **OF**



Limited Liability Company as it now appears on our records.)

Į,	A Florida Limited Liability Company)		4.,
The Articles of Organization for this Limited Lia Florida document number LIGOOO [bility Company were filed on O 162_	14/2016	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, <u>enter the new name of</u>	the limited liability company here:	Michelle	Milan LLC
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the design	ation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applica	ble:		_
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>		
B. If amending the registered agent and/o registered agent and/or the new registered offi		r records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida si	treet address	
	<u> </u>	, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Re	gistered 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 = N $AMBR = N$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			□ Change
			Add
			Remove
			☐ Change
			☐ Remove
			Change
			□ Remove
			Change
			
			□ Remove
			Change
			Remove
			Change

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Tective date, if other than the done effective date is listed, the date must be tee. If the date inserted in this blockwiment's effective date on the Dep	be specific and cannot be prior to date k does not meet the applicable st	of filing or more than 90 days after	ional) r filing.) Pursuant to 605.0 is date will not be listed
record specifies a delayed (he 90th day after the recor	effective date, but not and dis filed.	effective time, at 12:01	a.m. on the earlie
od DCtOber 1	2018		2018 Sec.
\ 1 <i>A</i>	The House		2018 OCT +4 PM 5
	ignature of a member or authorized	representative of a member	50 +
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Filing Fee: \$25.00