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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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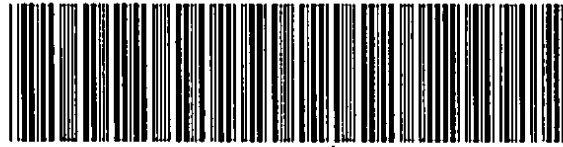
(Business Entity Name)

(Document Number)

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17 AUG -7 PM 4:06
DIVISION OF COURT OPERATIONS

2 SIMMONS
AUG 08 2017

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Miracle Cave Responders 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:

Jean Saint Jean
Name of Person

Miracle Cave Responders LLC
Firm/Company

638 Fieldstream BLVD.
Address

Orlando, FL, 32825
City/State and Zip Code

Miraclecaveresponders@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jean Saint Jean at (407) 801-0897
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
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**

Milacke Care Responders LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

DIVISION OF CORPORATE AFFAIRS
17 AUG - 3 PM 14:06
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The Articles of Organization for this Limited Liability Company were filed on 01/21/2016 and assigned
Florida document number L16000015116.

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: 633 Fieldstream BLVD.
Orlando, FL 32825
(Principal office address **MUST BE A STREET ADDRESS**)

Enter new mailing address, if applicable: P.O. Box 673327
Orlando, FL 32867
(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: Jean Saint Jean
New Registered Office Address: 633 Fieldstream BLVD.
Enter Florida street address
Orlando, Florida 32825
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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
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DIVISION OF GOVERNMENTS

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