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Mr de

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Mi	1156 LLC		
		ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subr	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Davia L.	Mills Sr.	
		Name of Person	
	<u></u>	Firm/Company	
	7271 Plac	id Oaks	
	Tackson	Ville, Florida 3 City/State and Zip Code 73 @ gmail. Co to be used for future annual report notifi	
For further information co	ncerning this matter, please ca	all:	
David C.	Wills S/	at (904) 352	-9850 Telephone Number
Name of	reison	Area Code Daytine	Telephone Number
Enclosed is a check for th	e 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**

ARTICLES	TO S OF ORGANIZATI OF	ON ASSESSED TO SECONDARY OF THE PROPERTY OF TH
Millsblc		
(Name of the Limited Liabit	ity Company as it now appears of a Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability (Florida document number	Company were filed onC	02 05 16 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here	:
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD)	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	, , , , , , , , , , , , , , , , , , , 	
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Floride	a street address
		. Florida
	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 = A	uthorized Member	•	
<u>Title</u>	Name	Address	Type of Action
MGR	David L. Wills Sr.	7271 Placia Oaks Dr.	Add
		7271 Placid Oaks Dr. Sæfsnille, fr 3227	7 □ Remove
			Change
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an effec lote: If	re date, if other than the date of filing: \(\lambda \text{QQQ} \) \(\lambda \text{DIQ} \) (optional) trive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste nt's effective date on the Department of State's records.	
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Filing Fee: \$25.00