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COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT:	ler Wendt Name of Limit	LLC ed Liability Company	
The enclosed Articles of Am	endment and fee(s) are subn	nitted for filing.	
Please return all corresponde	nce concerning this matter to	o the following:	
	Lance	Name of Person	<u> </u>
		ndt LLC Firm/Company	
	000	r irm/Company	n -
	95 Se	CICT HOITBOI	DR.
	Miramar	- Beach FL City/State and Zip Code	32550
-	Regennille E-mail address: (to	be used for future annual report notific	ation)
For further information conce	erning this matter, please cal	il:	
Lance Mi	ller	at (SSU) 974 Area Code Daytime	5454
Name of Per	rson	Area Code Daytime 3	Telephone Number
Enclosed is a check for the fo	ollowing amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional 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

TO ARTICLES OF ORGANIZATION OF

MillerWendT	
(<u>Name of the Limited Liability C</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability ComFlorida document number $_$ \bot 1 \bigcirc 0 \bigcirc 0 0 0 0 0 0 0 0 0 0	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d 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 ADDRES	
Enter new mailing address, if applicable: "Mailing address MAY BE A POST OFFICE BOX"	FILED 17 JUL 21 PH 12: 20 18 JUL 21 PH 12: 20
B. If amending the registered agent and/or register registered agent and/or the new registered office addres	red office address on our records, <u>enter the name of the new</u> ss here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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		elayed effective he record is filec		an effective tim	e, at 12:01 a.n	n. on the earlie	r of:
Dated	7-18-17		2017	<u>.</u> •			
				zed representative of	a member		
		<u>Lan</u>	CE Mille				
			Typed or printed	name of signee			

Page 3 of 3

Filing Fee: \$25.00