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ECRLIARY OF STATE

S. WARREN SEP 0 1 2017

COVER LETTER

TO: Registration Section Division of Corpora			
SUBJECT:	e Wendt Name of Limite	LLC ed Liability Company	
The enclosed Articles of Ame	endment and fee(s) are subm	nitted for filing.	
Please return all corresponder	nce concerning this matter to	o the following:	
	Lain	ce Miller	
-	**	Name of Person	
	<u>M.116</u>	erWendt LL	
		Firm/Company	
	95 Secre	I Harbar Dr.	
		Address	
	Mirano	City/State and Zip Code City/State and Zip Code City/State and Zip Code	35550
Y	Resenmill.	- City/State and Zip Code イノの しと×・ハレフ	-
	E-mail address: (to	o be used for future annual report notifica	ation)
For further information conc	erning this matter, please cal	D:	
LAnce	M.ller	at (850) 974 S	5454
Name of Pe	rson	Area Code Daytime T	elephone Number
Enclosed is a check for the fo	ollowing amount:		
S25,00 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

MillerWenot	LLC		
	Company as it now appear imited Liability Company)		
The Articles of Organization for this Limited Liability Cor Florida document number <u>L/L/OOO</u> O	npany were filed on _	feb. 8 2014	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company he	<u>ere</u> :	
The new name must be distinguishable and contain the words "Limite	rd Liability Company," the c	designation "LLC" or the abbr	eviation "L.1.,C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u> </u>		
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 address.		ı our records, <u>enter 11</u>	ne name of the no
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	rida street address	
		, Florida	
	Cuy		Zip Code
New Registered Agent's Signature, if changing Registered A	Agent:		
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con			

If Changing Registered Agent, Signature of New Resilered Agent

accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or if this coment is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited life little.

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>Ambr</u>	Regenmiller	95 Sever Houberby	□ Add
		95 Sever Houberbr Miramor Beach FL	Remove
	32554	□ Change	
			Remove
			Change
			🗆 Remove
			□ Change
			□ Remove
			Change
			□ Add
		A LAHASSEE	Change Ch
		FLORIDA	dd □ dd □
			☐ Change

). If an	nending any other information, enter change(s) here: (Attach additional sheets, if necess	sary.)
(If an e <u>Note</u>	etive date, if other than the date of filing: S - J - J - J - J - J - J - J - J - J -	ing.) Pursuant to 605,0207 (3)(
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.r e 90th day after the record is filed.	m. on the earlier of:
Date	8-30-17 . 201)	17 AUG SECRET
	Signature of a member or authorized representative of a member	FILED 631 PM 1ANY OF 1ASSEE, F
	Lance Miller	F ST/ F ST/

Page 3 of 3

Filing Fee: \$25.00