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## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT:	he Milk Name of Limited	Man LLC Liability Company	
The enclosed Articles of Amendment	and fee(s) are submitt	ed for filing.	
Please return all correspondence conc	eming this matter to the	he following:	
<u></u>	William	Robert Hall IV	
	The milk	Firm/Company	
124	o springle	Address	
<u> Fin</u>	Pland Park	City/State and Zip Code	
<del></del> -	E-mail address: (to b	e used for future annual report notificat	ion)
For further information concerning the			
William Hall Name of Person		at (352) 349-24 Area Code Daytime Te	150 Elephone Number
Enclosed is a check for the following	; amount:		
\$25.00 Filing Fee \$30.0 Cert	0 Filing Fee & ificate 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

The Milk ma		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Compan	y were filed on	116 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liah	pility Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	Po box	141
(Mailing address MAY BE A POST OFFICE BOX)	Fruitland o	Dask , F1, 34731
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 he	ere:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	et address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	
I hereby accept the appointment as registered agent and as provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance of my di s provided for in Chapte	uties, and I am familiar with and er 605, F.S. Or, if this document is
	nanging Registered Agent, Si	gnature of New Registered Agent
Pag	01063	
rag	e 1 of 3	

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 Title Title <u>Name</u> Address Type of Action William Robert Hall IV 1240 Springlake Rd Finitland Bork, F1, 34731 ☐ Remove ☐ Change 203 E Elm St, Apt #6 □ Add ☐ Remove Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ≌\_□ Remove • " Change TO Add Remove

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Filing Fee: \$25,00