## Ulocoby5481

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



400295287144

03/09/17--01015--009 \*\*25.00

MAR 24 2017 S. YOUNG

S. YOUNG

AT HAR -9 AM 11: 42

17 MAR - Q PH 2: 21



March 10, 2017

THOMAS J FRY JR OR TOMMY FRY 1430 N MILLS AVENUE STE 120 ORLANDO, FL 32803

SUBJECT: MILLS PARK REALTY, LLC

Ref. Number: L16000065481

We have received your document for MILLS PARK REALTY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 617A00004665

17 HAR -9 PH 2: 2

## **COVER LETTER**

TO: Registration Sec Division of Corp				
SUBJECT: Mills	Payl Realt	hed Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	Thomas 5	Fry Jr. ov Tommi Name of Person	Fry	
		Firm/Company		
	1430 N Mills	Ave Suite (20) Address	Ollando F1	- Fine
	<u>Orlands</u>	City/State and Zip Code		T MAR
	Toyrun Fru O Ja Brailladdress (	to be used for future annual report notif	ication)	HAR -9 AHII: 42
For further information co	oncerning this matter, please ca			=: F
Thomas Fry	Person	at (477) 492 Area Code Daytime	8615 e Telephone Number	2 %
Enclosed is a check for th	e following amount:			
✓ \$25.00 Filing Fce	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Sta Certified Copy (additional copy is en	tus &
Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 .ssee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce	n rations	
	,	Tallahassee, FL 32		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	nited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Florida document number	Liability Company were filed on	and assigned
This amendment is submitted to amend the fo	10	
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 th	e abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		do to
(Mailing address MAY BE A POST OFFICI	E BOX)	The state of the s
B. If amending the registered agent and registered agent and/or the new registered	d/or registered office address on our records, <u>ento</u> office address here:	ter the name of the nev
Name of New Registered Agent:	NA Thomas J. Fry 1430 N. Mills Are Saite 120	
New Registered Office Address:	Enter Florida street address  OY la VIII  City	3280 3
	Olly	

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.

Changing Registered Agent, Signature of New Registered Agent

Page Vof 3

54

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>Name</u> **Title** Address **Type of Action** WIA ☐ Add ☐ Remove ☐ Change MER TOMMY Fry ☐ Add \_□ Change MGR Thomas J. Fry JZ □ Remove □ Change ☐ Remove \_□ Change □ Add ☐ Remove ☐ Change ☐ Remove ☐ Change

Mease	Change	Registered	Nama	Rom	
Tomm	y Ery	to Ino	mas J. Fi	y JR.	
	<del></del>				
		·			
					<del></del>
			<del></del>		
					HA
	<u></u>				3
				- "	
effective date is lis	sted, the date must I serted in this bloc	ate of filing: 3/oe specific and cannot be proceed the appeartment of State's record	ior to date of filing or m licable statutory filin	ore than 90 days after filing g requirements, this date	g.) Pursuant to 60
ecord specific ne 90th day a	es a delayed ofter the reco	effective date, but rd is filed.	not an effective t	ime, at 12:01 a.m.	on the earl
d 3/6/1.	Som	, 2017	·		

Page 3 of 3

Filing Fee: \$25.00