## L16000190493

| (Re                     | questor's Name)    |             |
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| PICK-UP                 | ☐ WAIT             | MAIL        |
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SECRETARY OF STATE

D. BRUCE OCT 25 2016

## **COVER LETTER**

| TO: Registration Se<br>Division of Cor |  |   | <b>,</b>   |       |
|--|--|---|--|-------|
| L. Stuart M                            | lilk, LLC                                    |   |  |       |
| SUBJECT:                               | Name of Lim                                  | nited Liability Company   |  |       |
|  | Amendment and fee(s) are sub                 |   |  |       |
| Please return all correspo             | ondence concerning this matter               | to the following:   |  |       |
|  | Miriam Richter, Esq.                         |   |  |       |
|  |  | Name of Person  |  |       |
|  | Richter Trademarks, P.L.                     |   |  |       |
|  |  | Firm/Company  | <del></del>  |       |
|  | 2312 Wilton Drive, Suite                     | 9   | SECR<br>SECR   |       |
|  |  | Address   | OCT 24<br>RETARY<br>AHASSE   |       |
|  | Wilton Manors, FL 33305                      |   | Zu A<br>RY OF<br>SEE, FI   | FILED |
|  | mrichter@RichterTradema                      | City/State and Zip Code   | 왕의 4   | Ö     |
|  | E-mail address: (                            | to be used for future annual report notification                    | ation) E   |       |
| For further information c              | oncerning this matter, please ca             | all:  |  |       |
| Miriam Richter                         |  | 954 977-4711<br>at ()_  |  |       |
| Name o                                 | f Person                                     | Area Code Daytime T   | elephone Number  |       |
| Enclosed is a check for the            | ne 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

| L. Stuart Milk, LLC  |   |
|--|---|
| ( <u>Name of the Limited Liabi</u><br>(A Florid                | lity Company as it now appears on our records.) da Limited Liability Company) |
| he Articles of Organization for this Limited Liability         | Company were filed on 10/14/2016 and assigned                                 |
| lorida document number L16000190493                            | <del></del> ,   |
| his amendment is submitted to amend the following:             |   |
| . If amending name, enter the new name of the lin              | nited liability company here:   |
| Ailk Family, LLC   |   |
| ne new name must be distinguishable and contain the words "Lin | mited Liability Company," the designation "LLC" or the abbreviation "L.L.C."  |
| nter new principal offices address, if applicable:             |   |
| Principal office address MUST BE A STREET ADD                  | (RESS)  |
|  | TALEC IS  |
|  |   |
| nter new mailing address, if applicable:                       | AREJAS  |
| Mailing address MAY BE A POST OFFICE BOX)                      | m. F  |
|  | FIS >   |
|  | S   |
| . If amending the registered agent and/or regi                 | istered office address on our records, enter the hame of the                  |
| egistered agent and/or the new registered office ad-           | <u>dress here</u> :   |
|  |   |
| Name of New Registered Agent:                                  | A.A. E. G.  |
| New Registered Office Address:                                 |   |
| THE PROBLEM OF THE PROBLEM.                                    | 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

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 **Type of Action Address** <u>Title</u> Name | □ Add ☐ Remove □ Change □ Add ☐ Remove ☐ Change Add تيم D Change Ģ, Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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| ective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be prior to date of filing the date. If the date inserted in this block does not meet the applicable statutory for cument's effective date on the Department of State's records. | (optional) or more than 90 days after filing.) Pu filing requirements, this date wil | rsuant to 605.02<br>I not be listed |
| record specifies a delayed effective date, but not an effective he 90th day after the record is filed.  | ve time, at 12:01 a.m. on  | the earlier                         |
| ed,   |  |                                     |
| ed,   |  |                                     |
| 21 - 2  |  |                                     |
| Signature of a member or authorized representa  |  |                                     |

Page 3 of 3

Filing Fee: \$25.00