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COVER LETTER

TO:	Registration Se Division of Cor			• •			
SUBJEC		aufants LLC					
SUBJEC	. I i	Name of Limi	ited Liability Company				
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please re	eturn all correspo	ondence concerning this matter	to the following:				
		Jason Richard Miller					
			Name of Person				
		Miller Restaurants LLC					
		FirmCompany					
		3399 Saint James Ave					
			Address				
		Deltona, FL 32738					
			City/State and Zip Code				
		info@jasonrichardmiller.com E-mail address: 0	n o be used for future annual report notif	ication)			
For furth	ser information c	oncerning this matter, please ca					
Jason Ri	ichard Miller		407 637-7053 at ()				
	Name o	f Person	at () Area Code Daytime	Telephone Number			
Enclosed	Lis a check for th	he following amount:					
T) 825.	.06 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 Addres Registration 5		Street Address: Registration Sec	tion			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street. Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Miller Restaurants LLC		
(Name of the Limited I (A)	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
	ility Company were filed on 01/11/2019	and assigned
lorida document number 1.16000230807		
his amendment is submitted to amend the followi	ng:	
. If amending name, enter the new name of th	e limited liability company here:	
lason Richard Miller LLC		
be new name must be distinguishable and contain the word-	s "Limited Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u></u>	
• • • • • • • • • • • • • • • • • • • •	stered office address on our records, enter the name	e of the new regis
ngent and/or the new registered office address h	<u>rere</u> :	:
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	Ę
_	, Florida	<u> </u>
	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

Title	<u>Name</u>	Address	Type of Action
			□Remove
			[]Change
			□Add
			CIRemove
			□Change
			□Add
			□Remove
			[]Change
			[]Add
			□Remove
			□Change
			□Add
			ClRemove
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ffective date, if other than the an effective date is listed, the date in lote: If the date inserted in this ocument's effective date on the	block does not m	eet the applicab	date of filing or mor le statutory filing	e than 90 days after requirements, this	nal) illing.) Pursuant to 605.0 date will not be liste	0207 (d as t
record specifies a delayed effect is filed.	ive date, but not	an effective time	e, at 12:01 a.m. or	the earlier of: (b)	The 90th day after	the
April 22	······································	2021				

Filing Fee: \$25.00

Typed or printed name of signee