L17000556344

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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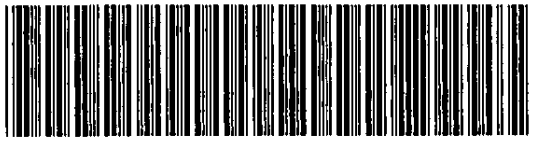

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17 MAR 17 AM 7:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JONESFOSTER
JOHNSTON & STUBBS, P.A.

Cynthia "Cindy" F. Skwierc, FRP
Paralegal
(561) 650-8241
Fax: (561) 650-5300
cskwierc@jonesfoster.com

March 16, 2017

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Via FedEx

Re: DL Milling Family II, LLC (Document NO. L17000055634)

Dear Registration Section:

Enclosed please find Articles of Amendment to Articles of Organization for the above-referenced entity, which deletes and replaces the name and address of an erroneously listed Manager the company. This firm's check in the amount of $25.00 is enclosed in payment of the required filing fee.

Please place the Amended Articles of Organization of record at your earliest possible opportunity.

Sincerely,

JONES, FOSTER, JOHNSTON & STUBBS, P.A.

By _____
Cynthia "Cindy" F. Skwierc, Paralegal

Enclosures
p:\docs\new\slm\ltr\1ru4172.docx

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DL Milling Family II, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cynthia F. Skwierc, FRP
Name of Person

Jones, Foster, Johnston & Stubbs, P.A.
Firm/Company

4741 Military Trail, Suite 200
Address

Jupiter, FL 33458
City/State and Zip Code

ldmilling@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cynthia F. Skwierc at (561) 650-8241
Name of Person — Area Code — Daytime Telephone Number

Enclosed is a check for the 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

DL Milling Family II, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on March 9, 2017 and assigned Florida document number L1700055634.

This amendment is submitted to amend the following:

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 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:
(Mailing address MAY BE A POST OFFICE BOX)

FILED
17 MAR 17 AM 7:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 here:

Name of New Registered Agent: _____

New Registered Office Address: _____
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

Title	Name	Address	Type of Action
MGR	John McAmis	14996 Palmwood Road	☐ Add
		Palm Beach Gardens, FL 33410	■ Remove
			☐ Change
MGR	Darren G. Milling	715 S. Edison Avenue	■ Add
		Tampa, FL 33606	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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17 MAR 17 AM 7:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated March 16, 2017

Signature of a member or authorized representative of a member

Scott L. McMullen, Esquire

Typed or printed name of signee

Filing Fee: $25.00