

L17000171619

Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850) 617-6383

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TALLAHASSEE, FLORIDA

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MILLS CONTROLS & AUTOMATION SERVICES, LLC

Certificate of Status	0
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K. SALY

SEP 28 2018

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Corporate Filing Menu

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FAX COVER SHEET

TO	
COMPANY	
FAX NUMBER	18506176383
FROM	Laura Rodriguez
DATE	2018-09-27 08:47:09 PDT
RE	MILLS CONTROLS & AUTOMATION SERVICES, LLC -
LZ#	525044219

COVER MESSAGE

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 8, 2018

LEGALZOOM.COM, INC.
ATTN: CHEYENNE MOSELEY
101 N BRAND BLVD., 11TH FLOOR
GLENDALE, CA 91203

SUBJECT: MILLS CONTROLS & AUTOMATION SERVICES, LLC
Ref. Number: L17000171619

We have received your document for MILLS CONTROLS & AUTOMATION SERVICES, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$55.00.

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.

Michelle Milligan
Senior Section Administrator

Letter Number: 918A00018630

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MILLS CONTROLS & AUTOMATION SERVICES, 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:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

101 N. Brand Blvd., 11th Floor

Address

Glendale, CA 91203

City/State and Zip Code

mills.sheldon@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheyenne Moseley

Name of Person

800

at ()
Area Code

773-0888 ext. 9724

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**

MILLS CONTROLS & AUTOMATION SERVICES, LLC

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

FILED
18 SEP 27 AM 7:33
SHELDON MILLS
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 08/11/2017 and assigned
Florida document number L17000171619.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Sheldon Mills Controls Engineering Services, LLC

The new name must be distinguishable and end with 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)

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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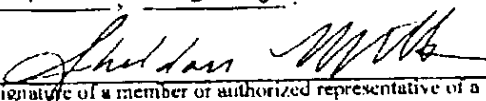
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COUNTY, CALIFORNIA

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

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated AUG 27, 2018.



Signature of a member or authorized representative of a member

Sheldon Mills

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE