

L170000174174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

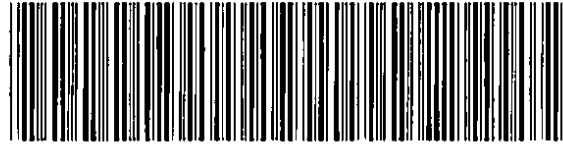
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2023 NOV 21 PM 1:39  
SECRETARY OF STATE  
TOLSON, DAVID M.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Chandler Sharma Consulting 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:

Chandler B Shrama

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

125 Flat Creek Trail, Suite 290

\_\_\_\_\_  
Address

Fayetteville GA 30214

\_\_\_\_\_  
City/State and Zip Code

Chandler@chandlersharma.com

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

For further information concerning this matter, please call:

Chandler B Sharma

+1

404 513 1173

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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 Address:**

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

FILED  
2023 NOV 21 PM 1:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Chandler Sharma Consulting Services 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 August 15, 2017 and assigned  
Florida document number 1.17000174174.

This amendment is submitted to amend the following:

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

Milestone Immigration & Tax Services LLC

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:**

125 Flat Creek Trail, Suite 290

**(Principal office address MUST BE A STREET ADDRESS)**

Fayetteville, GA 30214

**Enter new mailing address, if applicable:**

125 Flat Creek Trail, Suite 290

**(Mailing address MAY BE A POST OFFICE BOX)**

Fayetteville, GA 30214

**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:

Sanjay Sharma

New Registered Office Address:

400 Howard Avenue, Unit B

*Enter Florida street address*

Lakeland

*City*

Florida 33815

*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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Nedine Carreon	730 Forest Hills Path, Forest Park, GA 30297	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Rebecca Rizera	2415 Mosswood Lane, Lakeland, FL 33801	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**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 11-16, 23

Chandru B. Sharma, Member,  
Signature of a member or authorized representative of a member

Chandler B Sharma

Typed or printed name of signee