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SECHELARY OF STATE
SECHELARY SEE, FLORIDA

10/20/17

COVER LETTER

Division of Corpo	orations		
SUBJECT: MISCO	ain Belle, L	ted Liability Company	
	Same of Chin	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subn	mitted for filing.	
Please return all correspond	dence concerning this matter t	o the following:	
	Jennifer O.C.	onnor Orhz	
		(Value of Feson)	
		Firm/Company	
	ICQOO Deal	Road Address	
	NORTH FORT M	UPPS FL 339/ 3	7
		e O GMAL. WAS	
For further information con	cerning this matter, please ca	li:	
Jennifer o Coc	nox Oxtiz	at (239) 340-1	147
) Name of I	'erson	Area Code Daytime Te	lephone 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:

TO:

Registration Section

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

Milseain Belle, LLC	
(<u>Name of the Limited Liability C</u> (A Florida Li	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number <u>L17000209.59</u> 9	npany were filed on <u>October 10,2017</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here;
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	
	SATION PLO
Enter new mailing address, if applicable:	——————————————————————————————————————
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address	red office address on our records, <u>enter the name of the new</u> <u>ss here</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered A	Agent:
I hereby accept the appointment as registered agent and	d agree to act in this capacity. I further agree to comply with the

If Changing Registered Agent, Signature of New Registered Agent

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.

GR = M $MBR = A$	lanager uthorized Member		
tle	<u>Name</u>	Address	Type of Action
MBR	Jennifer O'Conmor Ortiz	10220 Deal Road	🗹 Add
		10220 Deal Road N. Ft. Myers, Ft. 33917	□ Remove
			Change
			Remove
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than Note: If the date inserted in this block does not meet the applicable statutory filing requi document's effective date on the Department of State's records.		
the record specifies a delayed effective date, but not an effective time, and The 90th day after the record is filed.	at 12:01 a.m. on the earl	ier of:
Dated Ontober 11 2017.		
Λ <u>~</u>		

Page 3 of 3

Filing Fee: \$25.00