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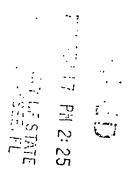
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COVER LETTER

TO: Registration Solution of Col		• •	·
CLID III COT.	Tampa LLC		
SUBJECT:	Name of Lin	nited Liability Company	 -
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter	·	
	Sulay Garcia		
		Name of Person	
	Ayala Law PA		
		Firm/Company	
	2490 Coral Way, 4th floor		
		Address	
	Miami, FL 33145		
		City/State and Zip Code	
	sgarcia@ayalalawpa.com		
For further information of	en-mail address: (to be used for future annual report notifi all:	ication)
Sulay Garcia		305 570-2208	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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)
<u>Mailing Addres</u>		Street Address:	
Registration S		Registration Sec	
Division of C	ornorations	Division of Corr	Aratione

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

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**

Milestone Tampa, LLC				
(Name of the Lim	ited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)		•
The Articles of Organization for this Limited	Liability Company were filed	on	and a	ssigned
Florida document number L17000217918	·			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liability compa	any here:		
The new name must be distinguishable and contain the	words [Limited Liability Company	, □the designation ILLC □ or the abbr	eviation	(L.L.C.()
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE	ET ADDRESS)			
		JVI.	~1	* ***
Enter new mailing address, if applicable:		0 00 17 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18	72	- t
(Mailing address MAY BE A POST OFFICE	STAT	5		
		<u> </u>	<u></u>	
B. If amending the registered agent and/or agent and/or the new registered office addressed agent and/or the new Registered Agent:		our records, enter the name	of the n	ew register
	2490 Coral Way, 4th floor			
New Registered Office Address:		ter Florida street address		
	Miami	, Florida 3314	5	
	City		Zip Coa	e
New Registered Agent Signature, if changing	Registered Agent:			

1

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:

<u> </u>	
MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
		<u> </u>	□Change
			□Remove
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