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Certified Copies	Certificate	s of Status
Special Instructions to Filir	ng Officer:	

Office Use Only



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# **COVER LETTER**

Division of Cor	porations		•
SUBJECT:	Name of Limi	nter prises	LLC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Name of Person  Extery  Firm/Company	
	1800 72	Musod Ter Address	· P221
	Boca R agranal Di E-mail address: (	City/State and Zip Code  City/State and Zip Code  to be used for future annual report no	ification)
For further information of	concerning this matter, please ca	all:	
Name o	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	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)

**Registration Section** 

TO:

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

Milamy	Ent	2\\\$2	LLC		
(Name of the Limited (A		ny as it now appears o .iability Company)	n our records.)		
The Articles of Organization for this Limited Liab		were filed on	2-5/18	and ass	signed
This amendment is submitted to amend the follow	ring:				
A. If amending name, enter the new name of t	he limited liab	ility company here	:		
The new name must be distinguishable and contain the wor	ds "Limited Liabil	lity Company," the desi	gnation "LLC" or the a	bbreviation "L	.L.C."
Enter new principal offices address, if applicable:		Milanu	Enterpr	1565	<u> </u>
(Principal office address MUST BE A STREET	<u>ADDRESS)</u>	Boxa Ro		53451	<b>入サアノ</b>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>	2000 P	ahrwood ebor, fl	Ter 3343)	P121
B. If amending the registered agent and/or			our records, <u>enter</u>	· · · · prove	
registered agent and/or the new registered office  Name of New Registered Agent:  New Registered Office Address:	Ler's	Sa 2tr	Te-, Pa	An Se th	D
	Maca	Enter Florido City	i street addresk , Florida	3343	)

#### 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member Type of Action **Address** Title 1 Name JUSE your AMBR Larisa Whikeva ☐ Change □ Add \_□ <u>Re</u>move □ Remove □ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

□ Change

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Note: If (	e date, if other than ive date is listed, the date the date inserted in thi t's effective date on th	is block does not	meet the appli-	cable statutory fil	more than 90 days ing requirements	optional) after filing.) Pur this date will	rsuant to 6 not be li	05,020' sted as
e recor The 90	rd specifies a dela 0th day after the	yed effective record is filed	date, but no	ot an effective	e time, at 12:	01 a.m. on	the ear	lier o
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Yazari	- 1-7	<u> </u>	in an	<u> </u>			_	
Dated	Septimber	IN	11.Eorask	norized representar	ve of a member	<u></u>		

Page 3 of 3

Filing Fee: \$25.00