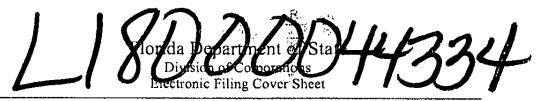
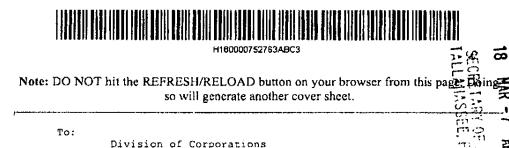
Page 1 of 1

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000075276 3)))



From:

Fax Number

Account Name : SHEPPARD, BRETT: STEWART, HERSCH, KINSEY & HALL, P.A. Account Number : 120040000018

Phone : (239) 334-1141 Fax Number : (239) 334-3965

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

: (850)617-6383

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LLC AMND/RESTATE/CORRECT ÖR M/MG RESIGN MILO IP HOLDER LLC

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STATE CORPORATION

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MILO IP HOLDER, LLC	
Name of Limited Liability Com	pany
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	Ö. A. Hani T
CRAIG R. HERSCH, ES	`
Name of Pe SHEPPARD LAW FIRM	(SOI)
Firm/Comp	any
9100 COLLEGE POINT	COURT
Address	
FORT MYERS FL 3391	9
City/State and Z	ip Code
lawrenceleigh@comca	
E-mail address: (to be used for futur	e annual report notification)
For further information concerning this matter, please call:	
CRAIG R. HERSCH	334-1141
CRAIG R. HERSCH at (239 Name of Person Area Co	ode Daytime Telephone Number
संबर्ध	e en
Enclosed is a check for the following amount:	*
■ \$25.00 Filing Fee ■ \$30.00 Filing Fee & □ \$55.00 Filing Fee Certificate of Status	
Registration Section R Division of Corporations	TREET/COURIER ADDRESS: tegistration Section Division of Corporations Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MILO 1P HOLDER, LLC	苍		
· · · · · · · · · · · · · · · · · · ·	lity Company as it now appear	rs on our records.)	,
(A Flori	lity Company as It now appeada Lumited Liability Company)	11.04.04.104.0104.0	
The Articles of Organization for this Limited Liability Florida document number L18000044334	Company were filed on Fe	ebruary 19, 2018	and assigned
Fiornia document number	, Ut.		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company ho	ere:	
<u> </u>			
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the d	designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET ADD	RESS)		
		, p	
		\$.57	5 1
77 - 4			
Enter new mailing address, if applicable:	المراجعة	-	The state of the s
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	<u> </u>
			<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office ade Name of New Registered Agent:		our records, <u>enter t</u>	he name of the new
Name of New Registered Agent.	11		
New Registered Office Address:			
	Enter Flor	rida street address	
© 1747-197-197		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registers	ed Agent:		
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	complete performance of gent as provided for in C ed office address, I hereb	my duties, and I am fa Chapter 605, F.S. Or, i	miliar with and Tthis document is
	1944 - N. 1844 - 1	.I .;	
	If Changing Registered Ag	gent, Signature of New Regi	stered Agent
	75		

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Page 1 of 3

03/07/2018 16:21

#365 P.004/006

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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

Title	Name	Address	Type of Action
AMBR Jitka Vasek		11420 Compass Point Drive Fort Myers, FL 33908	■ Add
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			Change

om:Sheppard Law Firm	239 334 3966	03/07	7/2018 16:21	#366	P.006/0
		.(((H18C	000075276 3)))		
If amending any other information	n, enter change(s) here: (Atte	ach additional shee	ts, if necessary.)		
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Effective date, if other than the dat If an effective date is listed, the date must be	e of filing:	CGlinz on more than 00	(optional)	nmt to 608	0207 (27/5)
Note: If the date inserted in this block document's effective date on the Depar	does not meet the applicable stat	utory filing requiren	ents, this date will no	at be liste	d as the
he record specifies a delayed eff The 90th day after the record		fective time, at :	12:01 a.m. on th	e earlie	er of:

Typed or printed name of signife

Signature of a member or authorized representative of a member

Craig R. Hersch

Page 3 of 3
Filing Fee: \$25.00

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