118000046256

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COVER LETTER

TO: Registration Section Division of Corporation Corporation (Corporation Corporation)				
SUBJECT:	Miles De	ted Liability Company		
The enclosed Articles of Ar	nendment and fee(s) are subn	nitted for filing.		
Please return all correspond	ence concerning this matter t	o the following:		
	Mil	Name of Person		
		Name of Person (e) Firm/Company		_
		Savoy C:	ſ_,,	_
			3558 2 gmail.com eport notification)	
For further information con-	cerning this matter, please ca	II:		
Name of P	erson Dorse	at (<u>\$13</u>) Area Code	420 - 7104 Daytime Telephone Number	er
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 encl	Certific Certific	ate of Status &

MAILING ADDRESS:

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

STREET/COURJER ADDRESS: Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION

OF

FILED

Miles	orsen LLC
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.).
The Articles of Organization for this Limited Liability Company Florida document numberL 18000046256	were filed on
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	sility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L1.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	Miles Dorsey
New Registered Office Address:	6123 Savoy C:r Enter Florida street address
	Lutz Florida 33558 City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	·
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as public being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent Signature of New Registered Agent

ii 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	<u>Name</u>	Address	Type of Action
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
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			☐ Change
			☐ Change

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in effc ote:	ve date, if other than the date of filing: (optional) (optional)
	ord specifies a delayed effective date, but not an effective time, at $12.01\ a.m.$ on the earlier 90 th day after the record is filed.
	October 29m . 2018.
iteci_	10/29/18 2018.
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00