

L18000046668

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

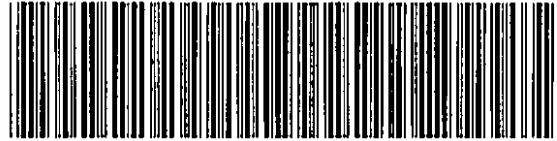
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Effective Date 01/01/2020

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RECEIVED
JAN 3 2020
10:30 AM

Amend

JAN 30 2020

D CUSHING

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MILO FASHION, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michelove Jules

Name of Person

Marks Gray, P.A.

Firm/Company

1200 Riverplace Boulevard, Suite 800

Address

Jacksonville, Florida 32207

City/State and Zip Code

mjules@marksgray.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John R. Crawford

904
at (_____) Area Code

807-2183

Daytime Telephone 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:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RECEIVED
DIVISION OF CORPORATIONS
JAN 13 2013
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MILO FASHION, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/22/2018 and assigned
Florida document number L18000046668.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Frederick H. Kent, III

New Registered Office Address:

1200 Riverplace Boulevard, Suite 800

Enter Florida street address

Jacksonville

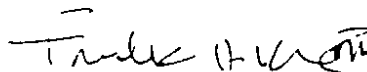
City

Florida 32207

Zip Code

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 added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Sabrina Nawal Chaker	94 Nantucket Island Ct	<input checked="" type="checkbox"/> Add
		Ponte Vedra, FL 32081	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	John R. Crawford	1200 Riverplace Blvd Ste 800	<input type="checkbox"/> Add
		Jacksonville, FL 32207	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Elizabeth A. Carter	1200 Riverplace Blvd Ste 800	<input type="checkbox"/> Add
		Jacksonville, FL 32207	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated December 23rd 2019

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00