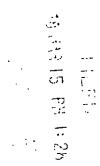
18000060947

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Document Number) Certified Copies Certificates of Status
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T. BURCH MAR 15 2018

COVER LETTER

	gistration Section ision of Corpor						
CUBICCE	MILLS HOM	E LAND, LLC					
SUBJECT:	Name of Limited Liability Company						
The enclosed	I Articles of An	nendment and fee(s) are subn	nitted for filing.				
Please return	all correspond	ence concerning this matter to	the following:				
		Harris Dvores, Esq.					
			Name of Person				
			Firm/Company				
		5141 Garlanger Trail					
			Address				
		Oviedo, FL 32765					
			City/State and Zip Code		_		
		harrislaw1@aol.com			····		
			be used for future annual r	eport notification)			
For further i	nformation con	cerning this matter, please ca	II:				
Harris Dvor	res		407 365 at () Area Code	3-5242			
	Name of P	erson	Area Code	Daytime Teleph	one Number		
Enclosed is	a check for the	following amount:					
□ \$25.00 I	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy radditional copy is enclosed.		S60.00 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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MILLS HOME LAND, LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records a Limited Liability Company)	_)
The Articles of Organization for this Limited Liability (and assigned
Florida document number L18000060947		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
FOR MY GRANDKIDS, LLC		
The new name must be distinguishable and contain the words "Lin	nited 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 ADD	RESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered agent and/or the new registered office add		, enter the name of the r
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	r
	Flo	orida
	City	orida 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 = N AMBR = A	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			Change
			□ Add
			□ Remove
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	···		□ Add
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			☐ Chunge
			□ Remove
			☐ Change
			Add
			Remove
			Change
			□ Remove
			□ Change

	The first was MILLS HOME LAND, ELC. It was correctly filed under Doc# £18000060931.	
	The second LLC, Doc# L18000060947, FOR MY GRANDKIDS, LLC,, was incorrectly filed with the name	_
	MIELS HOME LAND, LLC as well. That LLC's name is hereby changed to the correct name:	-
	FOR MY GRANDKIDS, LLC.	_
		_ 5
	J. J	
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ote:	tive date, if other than the date of filing:	05.1 ster
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earle 90th day after the record is filed.	lie
ted	March 15 2018	

Page 3 of 3

Filing Fee: \$25.00