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(Document Number)
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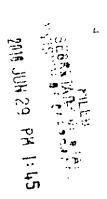
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N. CAUSSEAUX JUL -2 2018

COVER LETTER

Division of Cor				
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	IAN BERNAL			
		Name of Person		
	MILAN LLC			
	Firm/Company			
	1649 GLENWICK DR			
	Address WINDERMERE, FL 34786			
	City/State and Zip Code			
	ONEWAYORLANDO@GMAIL.COM			
	E-mail address: (to be used for future annual report notifi	cation)	
For further information c	concerning this matter, please c	all:		
IAN BERNAL		407 7808689		
Name o	of Person	at () Area Code Daytime	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	
Ne a te	IMC AIMIDEC.	CTD CLT (CALIDIA	ED ANNOFEC.	

MAILING ADDRESS:

Registration Section

TO:

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

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records. Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on03/13/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	
Enter new principal offices address, if applicable:	142 POMPANO BEACH DR	700
Principal office address MUST BE A STREET ADDRESS)	KISSIMMEE, FL 34746	
		2 37
Enter new mailing address, if applicable:	1649 GLENWICK DR	P 10
Mailing address MAY BE A POST OFFICE BOX)	WINDERMERE, FL 34786	<u>-</u> 5
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address:		ter the name of the
Hogarisa Willer Hadisələ.	Finer Florida street address	
	, Florida	
	City	Zin Carle

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	IAN S. BERNAL	1649 GLENWICK DR	■ Add
		WINDERMERE, FL 34786	□ Remove
			Change
MGR MILENA	MILENA ZAMBRANO LOZANO	142 POMPANO BEACH DR	= Add
		KISSIMMEE, FL 34746	□ Remove
			
			Add
			Remove
			29 Add: 20"
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			Add
			□ Remove
			☐ Change
			
			□ Remove
			□ Change

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ective date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to eg: If the date inserted in this block does not meet the applicab	
ument's effective date on the Department of State's records.	
and an isometrical affective data. In the second	official in time of 12.01 and on the condition
record specifies a delayed effective date, but not nee 90th day after the record is filed.	an effective time, at 12:01 a.m. on the earlier
JUNE 26TH 2018	
^ ^	
(, () 12 1)	
Synature of a member or authori	ized representative of a member

Page 3 of 3

Filing Fee: \$25.00