

48000120659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

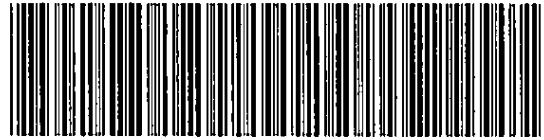
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED

2019 MAR -6 PM 2:47

CLERK OF SUPERIOR COURT
TALLAHASSEE, FL

FILED
MAR 6 2019

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: MILLIRYDE 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:

Orlando Comrie

Name of Person

Milliryde LLC

Firm/Company

16811 NE 6TH COURT

Address

NORTH MIAMI BEACH, FL. 33162

City/State and Zip Code

orlando@milliryde.com

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

For further information concerning this matter, please call:

Orlando Comrie

833 645-5473

at ()

Name of Person

Area Code

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 7, 2019

ORLANDO COMRIE
16811 NE 6TH CT
N MIAMI BEACH, FL 33162

SUBJECT: MILLIRYDE LLC
Ref. Number: L18000120659

We have received your document for MILLIRYDE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a manager/managing member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 519A00002695

RECEIVED
2019 MAR -6 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FL

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

FILED

2019 MAR -6 PM 2:48

MILLIRYDE LLC

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

STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 01/30/2019 and assigned
Florida document number L18000120659.

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
City 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> |
|--------------|---|-----------------------------|--|
| MBR | Orlando Comrie | 16811 NE 6TH COURT | <input type="checkbox"/> Add |
| | | NORTH MIAMI BEACH, FL | <input checked="" type="checkbox"/> Remove |
| | | 33162 | <input type="checkbox"/> Change |
| AMBR | Orlando Comrie OKSANA ROZMOVNA | 16811 NE 6TH COURT | <input checked="" type="checkbox"/> Add |
| | | NORTH MIAMI BEACH, FL | <input type="checkbox"/> Remove |
| | | 33162 | <input type="checkbox"/> Change |
| AMBR | Stephen Smith | 19355 Turnberry Way, APT 9L | <input checked="" type="checkbox"/> Add |
| | | Aventura, FL | <input type="checkbox"/> Remove |
| | | 33180 | <input type="checkbox"/> Change |
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leave
SAME

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings on the paper.

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 January 30th 2019


Signature of a member or authorized representative of a member

Orlando Comrie
Typed or printed name of signer