

L18000167465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

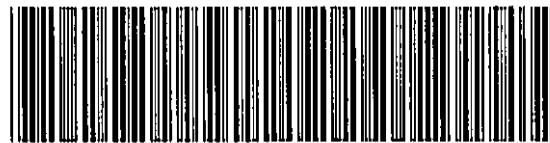
(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 31, 2018

LEIDY M. ALVAREZ
MILSITE LLC
10220 NW 63RD TERRACE., #102
DORAL, FL 33178

SUBJECT: MILSITE LLC
Ref. Number: L18000167465

We have received your document for MILSITE 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 registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Stacy Prather
Regulatory Specialist III

Letter Number: 518A00018199

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MILSITE 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:

LEIDY M. ALVAREZ

Name of Person

MILSITE LLC

Firm/Company

10220 NW 63 RD TERRACE #102

Address

DORAL, FL. US 33178

City/State and Zip Code

LEIDYLOVE20@HOTMAIL.COM

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

For further information concerning this matter, please call:

LEIDY M. ALVAREZ

Name of Person

786 9612672

at ()

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

LS 32 D 11 033 000

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

MILSITE 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 JULY 11, 2018 and assigned Florida document number L18000167465

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: REYNALDO A CUBA BENCOMO

New Registered Office Address: _____

Enter Florida street address

_____ City _____ Florida _____ 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> |
|--------------|-------------|----------------|--|
| | | | <input type="checkbox"/> Add |
| | | | <input checked="" type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input checked="" type="checkbox"/> Remove |
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| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

A MISTAKE WAS MADE WHEN FILLING THE NAMES OF AUTHORIZED PEOPLE TO MANAGE LLC. YOU MUST
THE SECOND SURNAME AND REMOVE THE ACRONYMS SR. SO THAT IT CAN REMAIN IN THE
FOLLOWING WAY:

TITLE: AMBR

NAME: LEIDY M ALVAREZ YEPEZ

TITLE MGR

NAME: REYNALDO A CUBA BENCOMO

THE MEMBERS OF LLC WILL NOT BE CHANGED ONLY CORRECTING THE SECOND SURNAME AND ELIMINATING

ADDITIONAL CHANGE TITLE OF MEMBER REYNALDO A CUBA BENCOMO WHO WILL BE MANAGER OF LLC

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E. Effective date, if other than the date of filing: _____ (optional)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date, if earlier, than the date of filing. _____ (optional)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated AUGUST 19 2018

Signature of a member or authorized representative of a member

Typed or printed name of signee