

L18000216017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

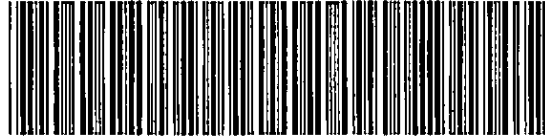
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
Free amend. due to being app
w/ wrong suffix.

Office Use Only



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OCT 19 2018

K. PAGE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 OCT 19 AM 1:12

STATE OF FLORIDA
DIVISION OF CORPORATION

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: MILAN INVESTMENTS X 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:

MILAN BOYANICH

Name of Person

MILAN INVESTMENTS X LLC

Firm/Company

710 SANDY POINT LANE

Address

NORTH PALM BEACH, FLORIDA 33410

City/State and Zip Code

MILANBID@GMAIL.COM

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

For further information concerning this matter, please call:

MILAN BOYANICH

305 776-1437

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SECRETARY OF STATE
DIVISION OF CORPORATION
18 OCT 19 AM 1:12
TALLAHASSEE, FLORIDA

MILAN INVESTMENTS X INC

(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 9/11/2018 and assigned
Florida document number L18000216017.

This amendment is submitted to amend the following:

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

MILAN INVESTMENTS X LLC

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:

710 SANDY POINT LANE

(Principal office address MUST BE A STREET ADDRESS)

NORTH PALM BEACH, FL 33410

Enter new mailing address, if applicable:

710 SANDY POINT LANE

(Mailing address MAY BE A POST OFFICE BOX)

NORTH PALM BEACH, FL 33410

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:

KALTENBACH & ASSOCIATES, P.A.

New Registered Office Address:

14311 BISCAYNE BLVD SUITE 2992

Enter Florida street address

MIAMI

Florida

33261

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> |
|--------------|-------------|----------------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Add |
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| _____ | _____ | _____ | <input type="checkbox"/> Change |
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| _____ | _____ | _____ | <input type="checkbox"/> Change |

18 OCT 19 AM 12
 DIVISION OF CORPORATION
 STATE OF FLORIDA
 TALLAHASSEE, FLORIDA

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

Multiple horizontal lines for amending information.

18 OCT 19 AM 1:12
STATE DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated OCTOBER 18, 2018

Signature of a member or authorized representative of a member

MILAN BOYANICH

Typed or printed name of signee