

L18000216017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

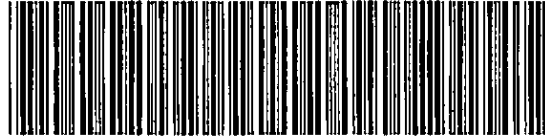
(Business Entity Name)

(Document Number)

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Free amend. due to being app  
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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
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<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