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Office Use Only



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SECRETARY OF STATE
TALL AHASSEE, FLORIDA

APR 11 2019

COVER LETTER

Division of Corporations
SUBJECT: ML + ML Property Projects, 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:
Evic Baird Name of Person
Firm/Company
1991 main st. Suite 208
Sarasota, Fl 34236 City/State and Zip Code E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
E112abeth Pointer at (941) 5210-10844 Name of Person at (941) Daytime Telephone Number
Enclosed is a check for the following amount:
Second Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tailahassee, 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

MIL + ML Prop	erty Project	5, LC
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears of Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liability Co Florida document number $83 - 4087843$	mpany were filed on	27 2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited the new name must be distinguishable and contain the words "Limited to the new name must be distinguishable and contain the words "Limited to the new name must be distinguishable and contain the words "Limited to the new name must be distinguishable and contain the words "Limited to the new name of the limited to the new name of the new na	on Rd. Ll	<u>C</u>
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	ALLE SE
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		RETARY OF STATE
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		ur records, enter the name of the nev
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>	Address	Type of Action			
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Dated									

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00