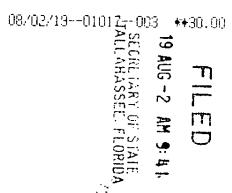
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## **COVER LETTER**

Division of Cor	porations		
MILL CRE	EK PLAZA II, LLC		
SUBJECT.	Name of Lim	nited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Robert A Thomas		
	<u></u>	Name of Person	
	MILL CREEK PLAZA II,	LLC	
	<del> </del>	Firm/Company	<del></del>
	9393 MILL SPRINGS DR	IVE	
		Address	
	JACKSONVILLE, FL 322	257	
	robert@payrollsolutionsquo	City/State and Zip Code otes.com	
	E-mail address: (	to be used for future annual report notif	ication)
For further information c	oncerning this matter, please co	all:	
Robert A Thomas		904 718-9005	
Name o	f Person	at ()	Telephone Number
Enclosed is a check for th	e 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:

TO:

Registration Section

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

MILL CREEK PLAZA II, LLC		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 11/08/2018	and assigned
Florida document number L18000262178		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	···	
Enter new principal offices address, if applicable:	2	SE 19
Principal office address MUST BE A STREET ADDRESS)	<u> </u>	E B m
	: :	
Enter new mailing address, if applicable:		$-\omega$
Mailing address MAY BE A POST OFFICE BOX)		DRID F
		<b>&gt;</b>
B. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here		er the name of the
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>	Type of Action
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		July 30, 20				. 20 × 10 × 10 × 10 × 10 × 10 × 10 × 10 ×	÷	<del></del>
Effective date, if other than If an effective date is listed, the date	the date of filiz				(optiona	d)		
If an effective date is listed, the date <b>Note:</b> If the date inserted in thi document's effective date on th	s block does not	meet the applic	able statutory fi	r more than 90 ling requirer	days after film nents, this da	ng.) Pursua te will no	ant to 60 ot be lis	15.0207 sted as 1
ne record specifies a dela The 90th day after the i			t an effective	e time, at	12:01 a.m	n. on th	e earl	ier of
Dated July 29		2019						
Day	Ru & K	Lau a	<del></del> :					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00