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COVER LETTER

TO: Registration S Division of Co			
MILE MIC SUBJECT:			
SUBJECT:		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sol	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	VIRNA Z GUILLEN		
		Name of Person	
		Firm Company	
	7950 NE BAYSHORE CI	CAPT 1508	
	MIAMI, FL 33138	Address	
	VZAFIROGUILLEN@GN	City/State and Zip Code IAIL.COM	
	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	
VIRNA Z GUILLEN		786 908-7003	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne 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

MILLE MIGLIA 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 $\frac{3/6/19}{2}$ ____ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MILLE MIGLIA BROTHERS 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: (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: New Registered Office Address: Enter Florida street address

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.

Cirv

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
			Add
			□ Remove
			□ Change
			□ Add
	-		□ Remove
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			□ Change

			
			
			
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Effective date, if other than t	he date of filing:		(optional)
f an effective date is listed, the date:	must be specific and cannot be prior s block does not meet the applic	to date of filing or more than 9 able statutory filing require	O days after filing.) Pursuant to 605.020 ments, this date will not be listed a
ne record specifies a delay The 90th day after the r	red effective date, but no ecord is filed.	t an effective time, at	12:01 a.m. on the earlier o
Oated 3/25	2019		
	Signature of a member or author		

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Typed or printed name of signee

Filing Fee: \$25.00