## L19 0000 96115

(Req	uestor's Name)	
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## **COVER LETTER**

TO: Registration So Division of Cor			
Miller Time	e, LLC	ė į	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for tiling.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jacob Miller		
		Name of Person	
	Miller Time, LLC		
		Firm/Company	. 8
	2941 52nd Ave S		22
		Address	
	St. Petersburg, FL 33712		9 61 7
		City/State and Zip Code	PH 2: 15
	miller,brent.jacob@gmail.c		5
		to be used for future annual report no	tification)
For further information c	concerning this matter, please c	raii:	
Jacob Miller		727 386-9472 at ()	
Name o	d' Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	he 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 Addres Registration 9		Street Address: Registration S	ection
Division of C		Division of Co	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Miller Time, LLC
(Name of the Limited Liability Company as it now appears on our records.)

( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)				
ne Articles of Organization for this Limited Liability Company were filed on $\frac{04/08/2019}{0.00000000000000000000000000000000000$		and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company here:				
Jacob B Miller, LLC					
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" o	r the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:		2021			
(Principal office address MUST BE A STREET ADDRESS)	,				
		- Pastura			
Enter new mailing address, if applicable:		iller 13			
Mailing address MAY BE A POST OFFICE BOX)		<u></u>			
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new register			
Name of New Registered Agent:	• .				
New Registered Office Address:	Enter Florida street address				
	. Flori	da			
	City	Zip Code			
New Registered Agent's Signature, if changing Registered Agent:  Thereby accept the appointment as registered agent and agrowisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. I furth performance of my duties, and provided for in Chapter 605, F.S	I am familiar with and S. Or, if this document is			

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>	Name	Address	Type of Action
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		<del></del>	Remove
			□Change
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