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(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nam	ne)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only

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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	MIL MILLAS, LLC		
SOBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub ondence concerning this matter	-	
	Omaira Navarro		
		Name of Person	
	Mil Millas, LLC		
		Firm/Company	
	6020 NW 64th A	Ave., Apt. 302	
	*	Address	
	Tamarac, FL 33	319	
	4	City/State and Zip Code	
	omaira1616@	hotmail.com o be used for future annual report notific	stion)
For further information of	concerning this matter, please ca	·	
Omaira Navarro		at (954)296-7012	I
Name o	of Person		'elephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status Certified Copy (additional copy is enclosed)
Mailing Address Registration		Street Address:	<i>₩</i> □
Division of C		Registration Secti Division of Corpo	
P.O. Box 6327		The Centre of Tal	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ny as it now appears on our records.) Jability Company)
were filed onJanuary 29, 2020 and assigned
ility company here:
ity Company." the designation "L1.C" or the abbreviation "L.L.C."
6020 NW 64th Ave., Apt. 302
Tamarac, Fl. 33319
address on our records, enter the name of the new registe
Enter Florida street address
Enter r torida street address
, Florida
<u>i</u>

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
MGR	Izzat Akharas Sayegh	6020 NW 64th Ave., Apt. 302	[X Add
		Tamarac, FL 33319	□Remove
			□Change
			□Add
			□ Remove
			□Change
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			O Add
		***	□Remove
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Application in the second			****				
 							
							
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Decaration di a consulta						0	
Effective date, if other if an effective date is listed Note: If the date insert document's effective date.	, the date must be specific ed in this block does n	and cannot be price and cannot be price of the application.	icable statutory fili	more than 90 days at			
e record specifies a dela rd is filed.	yed effective date, but	not an effective	time. at 1 2:01 a.m.	on the earlier of:	(b) The	90th day	after the
Dated	March of	4. 202	<u>/_</u>				
	£		<u> </u>				
	Signature	Tarmomber or aut	horized representativ	e of a member			

Typed or printed name of signee