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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Milde Deechie 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:
Mame of Person
Nilde Beechie LLC Firm/Company
1108 The Pointe De
City/State and Zip Code  Librard 2   1991 & GWall Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (Bd) 401-1.590  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee \$\Bigcup \$55.00 Filing Fee \$\Bigcup \$60.00 Filing Fee.\$\$ Certificate of Status \$\Bigcup \$Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED 2022 APR 15 PM 4

Miche Deechie LL	SECRET	ARY (
(Name of the Limited Liability Company as (A Florida Limited Liabili	it now appears on our records.)	SSEE
The Articles of Organization for this Limited Liability Company were Florida document number 12000 53410	1	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability of the new name must be distinguishable and contain the words "Limited Liability Contains the 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)	NA	<del></del>
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	ess on our records, <u>enter the name of the new reg</u> i	<u>stered</u>
Name of New Registered Agent:		<del></del>
New Registered Office Address:	Enter Florida street address	
	Florida 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>	Name	Address	Type of Action
<del></del>	<u> </u>		□Add
			□ Remove
			Change
			□Add
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			□ Add
			Remove
	/		□Change

(If an e <u>Note</u>	tive date, if other than the date of filing:
the reco	and specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Dated	April 10 2022
	Signature of a member of authorized representative of a member
	/IAhandra Hanna

Filing Fee: \$25.00