L20000 158456

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R. IVENTE

OCT 2 4 2020

COVER LETTER

Division of Corporations Milestone Specialists of America LLC UBJECT: Name of Limited Liability Company he enclosed Articles of Amendment and fee(s) are submitted for filing. lease return all correspondence concerning this matter to the following: Ryan Cipparone, Esquire Name of Person Cipparone & Cipparone, P.A. Firm/Company 1525 International Parkway, Suite 1071 Address Lake Mary, FL 32746 City/State and Zip Code rcipparone@cipparonepa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Ryan Cipparone, Esquire Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **\$**25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status &

MAILING ADDRESS:

):

Registration Section

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

STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Milestone Specialists of America LLC

(Name of the Lim	ited Liability Company as it now (A Florida Limited Liability Con	v appears on our records.)		
e Articles of Organization for this Limited I	Liability Company were filed	on June 9, 2020 and as	signed	
orida document number 1.20000158456	 -			
is amendment is submitted to amend the fol	llowing:			
If amending name, enter the new name	of the limited liability comp	oany here:		
e new name must be distinguishable and contain the	words "Limited Liability Company	y." the designation "LLC" or the abbreviation "L	"L.C."	
nter new principal offices address, if appli	icable:			
'rincipal office address MUST BE A STRE	ET ADDRESS)			
				
nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE</u> 3. If amending the registered agent and registered agent and/or the new registered of	d/or registered office addr	ress on our records, <u>enter the name</u>		
Name of New Registered Agent:	Ryan Cipparone, Esquire			
New Registered Office Address:	eistered Office Address: 1525 International Parkway, Suite 1071			
THE REGISTER STREET HARRISON	Enter Florida street address			
	Lake Mary	, Florida <u>32746</u>		
	City	Zip Code		
New Registered Agent's Signature, if changing				
I hereby accept the appointment as register provisions of all statutes relative to the proaccept the obligations of my position as regions filed to merely reflect a change in the company has been notified in writing of this	per and complete performa gistered agent as provided f e registered office address, i	ince of my duties, and I am familiar wi for in Chapter 605, F.S. Or, if this doc	th and ument is	

If Changing Registered Agent, Signature of New Registered Agent

mending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added removed from our records:

GR = Manager IBR = Authorized Member

<u>le</u>	<u>Name</u>	<u>Address</u>	Type of Action
iR	Adrienne Alexander	660 Osceola Avenue	Add
		#103	☐ Remove
		Winter Park, FL 32789	Change
			Add
			☐ Remove
			Change
			Add
			Remove
			☐ Change
			Add
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tive date, if other than th	e date of filing:		(optional)	
tive date, if other than the frective date is listed, the date may be the date inserted in this benent's effective date on the I	lock does not meet the appl	icable statutory filin	ore than 90 days after filing.) P g requirements, this date wi	ursuant to 605.02 If not be fisted a
cord specifies a delaye		ot an effective t	ime, at 12:01 a.m. or	the earlier
e 90th day after the re	ord is filed.			
July 24	2020			
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Knistrall	nwath		of a member	

Page 3 of 3

Filing Fee: \$25.00