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SECULIA SEE AM 10: 49



October 25, 2021

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

Re: Milestone Specialists of America LLC - Amendment

To Whom It May Concern:

My firm represents, Milestone Specialists of America LLC. Enclosed, please find the Division of Corporation's Form Cover Letter, Articles of Amendment to Articles of Organization, and our check in the amount of Twenty Five and No/100 Dollars (\$25.00) for filing fees.

Should you have any questions or concerns regarding this matter, please do not hesitate to contact me.

Sincerely,

Ryan Cipparone

RC/jmb Enclosures

COVER LETTER

	gistration Sec vision of Corp				
SUBJECT:		pecialists of America LLC			
SUBJECT.		Name of Lim	ited Liability Company		
The enclose	d Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please retur	n all correspo	ndence 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 reipparone@cipparonepa.com			
		E-mail address; (to be used for future annual report noti	fication)	
For further i	information co	oncerning this matter, please ca	all:		
Ryan Cippa	rone, Esquire		321 275-5914 at ()		
	Name of	Person	Area Code Daytim	e Telephone Number	
Enclosed is	a check for th	e 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 enclose	

MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building

DocuSign Envelope ID: DAACD5BF-C3CD-4BE8-8F2B-68B990A4A8AD ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

Milestone Specialists of America LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
	were filed on June 9, 2020	and assigned
Florida document number L20000158456		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	endment is submitted to amend the following: mending name, enter the new name of the limited liability company here: mane must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." ew principal offices address, if applicable: pal office address MUST BE A STREET ADDRESS) ew mailing address, if applicable: g address MAY BE A POST OFFICE BOX) winter Park, FL 32789 ew mailing address, if applicable: g address MAY BE A POST OFFICE BOX) winter Park, FL 32789 Winter Park, FL 32789 Winter Park, FL 32789	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1950 Lee Road, Suite 107	
(Principal office address MUST BE A STREET ADDRESS)	Winter Park, FL 32789	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		25 G
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florid	a
	City	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.

DocuSign Envelope ID: DAACD5BF-C3CD-4BE8-8F2B-68B990A4A8AD in amending Authorized rerson(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	Adrienne Alexander	660 Osceola Avenue	
		#103	Add
		п100	■ Remove
		Winter Park, FL 32789	Change
MGR	Kristin Horwath	562 Wishbone Lane	Add
		Lake Mary, FL 32746	☐ Remove
			☐ Change
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(If an eff Note:	ve date, if other than the date of filing:	Pursuant to	n 605,0207
If the rec (b) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. or 90th day after the record is filed.	n the e	arlier of
Dated	10/21/2021		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00