L20000 160049

(Requestor's Name) (Address)	700399363677
(City/State/Zip/Phone #) PICK-UP WAIT MAIL	LLC NIC Ameni
(Business Entity Name) (Document Number)	
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COVER LETTER

TO: Registration Sec Division of Corp			
	STAFFING, LLC NAME CH	ANGE	
SUBJECT:	Name of Lim	ited Liability Company	:
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	BORISLAV STAVREV		
		Name of Person	
	KEY REEF STAFFING, L	LC	
		Firm/Company	.
	25 SE 2ND AVE. SUITE	725	
		Address	
	MIAMI, FL 33131		
		City/State and Zip Code	
	BSTAVREV@KEYREEFF		7
	·	to be used for future annual report noti-	tication)
For further information co	ncerning this matter, please ca	all:	
BORISLAV STAVREV		305 307-4011 at ()	
Name of	Person	Area Code Daytim	c Telephone Number
Enclosed is a check for the	e following amount:		
S25.00 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 Address Registration S		<u>Street Address:</u> Registration Se	ction
Division of Co	orporations	Division of Cor	porations
P.O. Box 6321 Tallahassee, F		The Centre of T	Tallahassee e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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2022 DEC 27 PM 12 38

(<u>Name of the Limited</u> (A	Liability Company as it now appears on our record. A Florida Limited Liability Company)	SHASSES, FLORID:
The Articles of Organization for this Limited Lial	bility Company were filed on 06/10/2020	and assigned
Florida document number L20000160049		
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
CORPORATE MILE LLC		
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	
	_	
B. If amending the registered agent and/or regardent and/or the new registered office address		the name of the new registe
agent and/or the new registered office address		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	55
	ទា	orida

New Registered Agent's Signature, if changing Registered Agent:

KEY REEF STAFFING, LLC

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 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
			□ Remove
			□ Change
			□ Add
			Remove
			□ Change
			□Add
			□Remove
			□Change
<u>_</u>			□ Add
			□Remove
			Change
			□Remove
			□Change
			□Add
			□ Remove
			Change.

ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 date. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as occurrent's effective date on the Department of State's records. record 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 is field. 3. Signature of 3 member or authorized representative of a member		
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