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## **COVER LETTER**

TO: Registration Se Division of Cor			
	OMILIFO	REALTOR LLC	
SUBJECT: L	Name of Limi	ited Liability Company	<del>.</del>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Cou	vitncy Miller Name of Person	
		Name of Person	
		W. (0)	
		Firm/Company	
	<u></u> 605	BY J ANC N Address	77.77
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	Jackson	City/State and Zip Code	, 32250 SEE, FLORIDE 1998 3:39
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	COCOYN E-mail address: (	to be used for future annual report noti	dication)
For further information c	oncerning this matter, please co		39 100
		at ()	
Name o	f Person	Area Code Daytini	e Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	_	Street Address:	
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

L'OCO MILLER		LLC
( <u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on imited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Con Florida document number <u>ゆ しょののり</u> りん		7/06/2 <b>92</b> 8 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
COURTNEY MILLER LLC		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	-	
(Principal office address MUST BE A STREET ADDRES	<u></u>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		H 3: 39
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our reco	rds, enter the name of the new registered
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	Enter Florida :	street address
	· · · · · · · · · · · · · · · · · · ·	, Florida
	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.

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
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			Change
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ated August 3	endle gnature of	i.	M	· ·							

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