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A. RIVERS JAN 1 4 2022



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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Map Real SUBJECT:	Estate, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Candace Pollard		
		Name of Person	
	Tax Professional Services.	LLC	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	1105 W Maple Ave		
		Address	
	Geneva, AL 36340		
		City/State and Zip Code	
	candace.pollard@taxprollc.		
	E-mail address: (	to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	
Candace Pollard		334 684-6398 at ()	
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	the 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 enclosed)
Mailing Addre Registration	Section	Street Address: Registration Se	
Division of Corporations P.O. Box 6327		Division of Co The Centre of	•
Tallahassee, FL 32314			be Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Map Real Estate, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 8/24/2020 \_ and assigned Florida document number L20000262157 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Adam J Miles, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address City 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

Title	Name	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
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			□Change
			🗆 Add
			□Remove
			□Change

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Filing Fee: \$25.00