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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

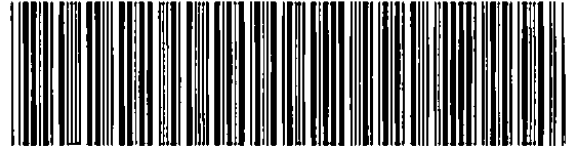
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/16/20--01007--027 **25

2020.11.15 PM 2:56

Amend

Dec 1 2020

ALBRITTON

**TO: Registration Section
Division of Corporations**

SUBJECT: MILK AND MIEL MARKETING LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CLAUDIA HERRERA

Name of Person

MILK AND MIEL MARKETING

Firm/Company

115 SW 1ST AVE #2

Address

BOYNTON BEACH, FL., 33435

City/State and Zip Code

MILKANDMIELFL@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CLAUDIA HERRERA

561

463-0504

at (_____) _____

Name of Person

Area Code

Daytime 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 Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**TO
ARTICLES OF ORGANIZATION
OF**

MILK AND MIEL MARKETING, 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 10/30/2020 and assigned
Florida document number 120000345000.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LL."

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 agent and/or the new registered office address here:

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 Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of</u>
MGR	CLAUDIA HERRERA	115 SW 1ST AVE #2,	<input type="checkbox"/> Add
		BOYNTON BEACH, FL., 33434	<input type="checkbox"/> Rem
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

COULD YOU PLEASE LIST OUR EIN#: 85-3544828

WE ARE ONLY TRYING TO CHANGE OUR EIN# AND MY TITLE, PER OUR BANKER THIS IS
NECESSARY FOR HIS BANKING PURPOSES.

THANK YOU,

CLAUDIA HERRERA

E. Effective date, if other than the date of filing: _____ (optional)

(If 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.C

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the 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 record is filed.

Dated NOVEMBER 13TH 2020



Signature of a member or authorized representative of a member

CLAUDIA HERRERA

Typed or printed name of signee