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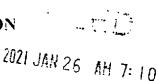
O SIMMONS MAR 0 9 2021

## **COVER LETTER**

	tration Sec ion of Corp			
		Miller Enterprises, LLC		
SUBJECT: _		Name of Lim	ited Liability Company	
The enclosed A	Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return a	ll correspon	dence concerning this matter	to the following:	
		Edna Jones Miller		
			Name of Person	· · · · · · · · · · · · · · · · · ·
		Edna Jones Miller Enterpri	ses, LLC	
			Firm Company	<del>,</del>
		845 Dusty Pine Dr		
			Address	
		Apopka, FL 32703		
		<del></del>	City/State and Zip Code	<del></del>
		EdnaJonesMiller@gmail.co		
		E-mail address: (	to be used for future annual re	eport notification)
For further info	ermation co	ncerning this matter, please co	all:	
Edna Jones Mi	ller		954 298- at ()	9679
	Name of	Person	Area Code	Daytime Telephone Number
Enclosed is a c	heck for the	following amount:		
₩ \$25.00 Fil	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encle	Certificate of Status &
Mailing Address: Registration Section Division of Corporations		_	dress: tion Section of Corporations	
P.O.	Box 6327	•	The Cen	tre of Tallahassee
Tallahassee, FL 32314		2415 N.	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO OF.



Edna Jones Miller Enterprises, 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	iability Company were file	ed on December 7, 2020	and assigned
Florida document number L20000381533	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the <u>limited liability con</u>	<u>ipany here</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Comp:	any," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
D ( 27 11 26 17 11			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u></u>		
B. If amending the registered agent and/or agent and/or the new registered office addr		on our records, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:	Edna Jones Miller		
New Registered Office Address:	845 Dusty Pine Dr		
		Enter Florida street address	
	Apopka	, Florida	32703
	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

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

Address

Type of Action

<u>Title</u>	<u>Name</u>	- · · · · · · · · · · · · · · · · · · ·	Type of Actio
Owner Mar	Edna Jones Miller	845 Dusty Pine Dr. Apopka, FL 32703	- Ε <sub>.Σ</sub> ! <b>Χ</b> Add
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			[]Change
			□Add
			□Remove
			[] Change
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			Change

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Signature of a member or authorized representative of a member	Signature of a member or authorized representative of a member	
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Filing Fee: \$25.00