

21000 120 109

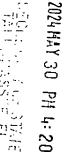
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
2727-Cp			

Office Use Only



600430641996

95/30/24--01022--002 **25.00



COVER LETTER

TO: Registration Section Division of Corporations			6
SUBJECT: Millichet M	Name of Limited Lia	bility Company	·
The enclosed Articles of Amendment a	nd fee(s) are submitted	for filing.	
Please return all correspondence concer	ning this matter to the f	following:	
Ny	nesha Mihe	Name of Person	
Hali	the Miami	Firm/Company	uteting Co.
<u>W12</u>	N. Florida (TUR D-1648 Address	
Tam	pa, Fl 331 City	State and Zip Code	
million.	h-mail address: (to be us	ed for future annual report notif	ication)
For further information concerning this	matter, please call:	v	
Nymestra Milhe Name of Person		at (<u>.305</u>) <u>QLF</u> – Area Code Daytimo	2781 Telephone Number
Enclosed is a check for the following an	nount:		
	rate of Status	855.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Miltichet Miami	i and a second of the second o					
(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 of Florida document number	vere filed on $3/15/21$	and assigned				
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liabile Milliancia Victorian Co. L.C. The new name must be distinguishable and contain the words "Limited Liability Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ty Company," the designation "LLC" or the a	abbreviation "L.L.C." P D-16-18				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office account and/or the new registered office address bergy	6308 W N. verchase Tampa, Fl 33637	Dr Biding 55				
agent and/or the new registered office address here:						
Name of New Registered Agent: New Registered Office Address:		F 2021 HAY				
New Registered Office Address.	Enter Florida street address	30 1				
	, Florida _	22c - 11				
New Registered Agent's Signature, if changing Registered Agent:	City	The Zip (Tiple D)				
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr	performance of my duties, and I am	familiar with and				

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>	Name	Address	Type of Action
			□Add
			Remove
			[]Change
			Remove
			Change
			□Add
			Remove
			Change
			□Remove
			Change
			Remove
	<u></u>		
		, and the second	□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach add	litional sheets, if necessary.)
Phone number (Toll free)	
Nature of business (Marketing Cor	npany)
	<u> </u>
	<u> </u>
	····-
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing of Note: If the date inserted in this block does not meet the applicable statutory f document's effective date on the Department of State's records.	(optional) ir more than 90 days after filing.) Pursuant to 605.0207 (3 Willing requirements, this date will not be listed as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a, record is filed.	m, on the earlier of: (b) The 90th day after the
Dated April 24 23	
Signature of a member or authorized representa	tive of a member
N) conto Milia	
Typed or printed name of signe	· ·

Filing Fee: \$25.00