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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 19, 2021

ELAINE MILLER 3626 COUNTY ROAD 795 LIVE OAK, FL 32060

SUBJECT: EMILLER CONSULTING LLC

Ref. Number: L21000185789

We have received your document for EMILLER CONSULTING LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Summer Chatham OPS

Letter Number: 421A00016532

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

EMILLER CONSULTING LLC		
(Name of the Lim	ited Liability Company as it now appe (A Florida Limited Liability Company)	ars on our records.)
The Articles of Organization for this Limited Florida document number L21000185789	Liability Company were filed on $\frac{0}{2}$	4/04/21/2021 and assigned
This amendment is submitted to amend the fol	Howing:	
A. If amending name, enter the new name	of the limited liability company l	<u>1ere</u> :
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 appli	icable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)	
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office address on our ess here:	records, enter the name of the new registere
		> ∴ 7
Name of New Registered Agent:	ELAINE MILLER	# J
New Registered Office Address:	3626 COUNTY ROAD 795	24
	Enter Florida street address	
	LIVE OAK	, Florida <u>32060</u>
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
RA	LAURA OSBORN	3638 COUNTY ROAD 795	
		LIVE OAK, FL 32060	■ Remove
			☐ Change
RA	ELAINE MILLER	3626 COUNTY ROAD 795	
			□Remove
			☐ Change
			□ Add
			Remove
			Add 《D
			Si □ Remove
			□Remove
			☐ Change
			□Add
			□Remove
			Da

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) I am only wanting to amend the registered agent to myself, Elaine Miller. (D) \triangleright E. Effective date, if other than the date of filing: 04/21/2021 (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 605.0207 (3)(b) 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.

Filing Fee: \$25.00