Division of Corporations

Florida Department o

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000282001 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SWART BAUMRUK & COMPANY, LLP

Account Number : I20000000291 Phone

:(407)847-7466

Fax Number

:(407)847-6641

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: ALANTIGUA@SBC-CPA.COM

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MILANA STORE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

AUG 1 4 2023

K. Brumbley

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MILANA STORE, LLC		•
(Name of the Limited Liability Compa (A Florida Limited )	ny as it now annears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000227743</u>	were filed on MAY 17, 2021	and assigned
This amendment is submitted to amend the following:	•	
A. If amending name, enter the new name of the limited liab	ility company here:	
I NEEDLE PRINT, LLC	•	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1101 MIRANDA LANE	
(Principal office address MUST BE A STREET ADDRESS)	KISSIMMEE, FL 34741	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  - Name of New Registered Agent:	address on our records, enter the na	me of the new registered
New Registered Office Address:		
	Enter Florida street address, Florida	
N. D. La J.A. Al-Cimaton (falso al a Barbana) Anna	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as a being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. I further a performance of my duties, and I an provided for in Chapter 605, F.S. O	n familiar with and r, if this document is

If Changing Registered Agent, Signature of New Registered Agent

☐ Change

## (((H230002820013)))

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 = M AMBR = A	anager uthorized Member		
Title	Name	Address	Type of Action
			□Add
			□Remove
		• .	
			□Remove
,		<del></del>	Change
		· ,	□Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
•		<u> </u>	□ Change
			□Add
			□Remove
•			

(((H23000282001 3)))

-	
•	
	<del></del>
	<del></del>
·	
	<u> </u>
	<u> </u>
٠	
Note:	tive date, if other than the date of filing:  (optional)  ffective 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 605.026  If the date inserted in this block does not meet the applicable statutory filling requirements, this date will not be listed ament's effective date on the Department of State's records.
	and 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 filed.
etec	8/14/23
	Signature of a member by authorized representative of a member