# L21000230550

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TO: Registratio Division of	on Section f Corporations	
SUBJECT: <u>M</u>	Name of Limited Liability Company	
The enclosed Article	es of Amendment and fee(s) are submitted for filing.	
Please return all corr	respondence concerning this matter to the following:	
	M, Khyle Milord	
	Name of Person	
	Millonus Holdings 22C	
	812 5th Way west Palm Beach, FL 33407	
	West Palm Beach FL 33467	
	City/State and Zip Code  M. Khyle Miloral Q a Mail. Com  E-mail address: (to be used for future annual report notification)	
For further informati	ion concerning this matter, please call:	
MiKhyle	71/i/c/cd at (56/) 727 0/4/	_
/ Na	ame of Person Area Code Daytime Telephone Number	
Enclosed is a check	for the following amount:	
□ \$25.00 Filing Fe	Solutional copy is enclosed)  \$60.00 Filing Fee & Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	Status &

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

it now appears on our record The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L</u> 21000230550 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 "LLC." 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 registered

agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street ac	ldress
		, 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 Title Name Address Type of 21 AUG - 2 FH 2:33AMBR 5 hawil Milard (Coo) 8/2 8th Way**Type of Action** WEST Palit Beach, FL 33407 DRemove -\_\_\_\_\_ □Change \_\_\_\_\_ □Change \_\_\_ Remove \_\_\_\_\_ □Change \_\_\_\_\_ Remove \_\_\_\_\_ □Change \_\_\_\_\_ □Remove \_\_\_\_\_ □Change \_\_\_\_\_ Remove 

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/ <i>l</i>	Signature	of a member or	authorized repre	esentative of a m	ember	<u></u>	