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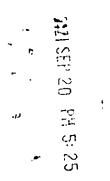
(Re	questor's Name)	
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bA)	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration S Division of Co			
	LO MILLER AGENCY LLC	ý	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	nondence concerning this matter	to the following:	
	CONSUELO MILLER		
		Name of Person	
	CONSUELO MILLER AG	GENCY LLC	
		Firm/Company	
	1306 W DREW ST		
		Address	
	Lantana fl. 33462		
	CJMILLER15@ICLOUD.	City/State and Zip Code COM	
	h-mail address; (to be used for future annual report noti	fication)
For further information	concerning this matter, please c	all:	
CONSUELO MILLER		561 234-8969 at ()	
Name	of Person	Area Code Daytim	ic Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)
Mailing Addra Registration Division of (P.O. Box 63 Tallahassee.	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FI	porations fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CONSUELO MILLER AGENCY LLC	2018:720 PH 5:25	
(<u>Name of the Limited Liability C</u> (A Florida Lii	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability ComFlorida document number $\frac{1.21000393067}{1.000393067}$.	ipany were filed on 09/02/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	I liability company here:	
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 applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		<u>.</u>
New Registered Office Address:	Enter Florida street address	
	, Florid	la

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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. Thereby 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

Title	Name	Address 20 PM 5: 25	Type of Action
MGR	CONSUELO MILLER	1306 W DREW ST	≣ Add
		LANTANA FL 33462	□Remove
			□Change
			□Remove
			□Change
		.	□Add
			□ Remove
			□Change
			□Add
			Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
			Change

	30 P 5:25
_	
ective date, if other than the date of filing	g:(optional) d cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02
<u>te:</u> If the date inserted in this block does not r	meet the applicable statutory filing requirements, this date will not be listed.
rument's effective date on the Department of S	State's records.
cord specifies a delayed effective date, but not s filed.	t an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the
SEPTEMBER 16 ed	2021
	member or authorized representative of a member

Typed or printed name of signee