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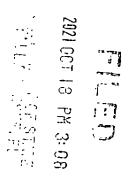
| (Requestor's Name) |
|---|
| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office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



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Y. SCOTT OCT 3 1 2021

COVER LETTER

| TO: Registration S Division of Co | | | |
|--------------------------------------|--|---|--|
| Maddie M SUBJECT: | ilne Communications, LLC | | |
| SOBJECT: | Name of Lin | nited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sul | omitted for filing. | |
| Please return all correspondence | ondence concerning this matter | to the following: | |
| | Jane Milne | | |
| | | Name of Person | 203 |
| | Maddie Milne Communic | ations | 21 00 1 |
| | | Firm/Company | co j |
| | 3585 Pine St | | , · · · · · · · · · · · · · · · · · · · |
| | | Address | PM 3: 08 |
| | Jacksonville, FL 32205 | | 80 |
| | | City/State and Zip Code | |
| | maddie@maddiemilnepr.cc | om | |
| | E-mail address; (| to be used for future annual report notif | ication) |
| For further information c | concerning this matter, please c | all: | |
| Maddie | Milne | <u>a(826)</u> 78 | 1-6219 |
| Name o | n ^{r P} erson | Area Code Daytime | : Telephone Number |
| Enclosed is a check for the | he following amount: | | |
| □ \$25.00 Filing Fee | ■ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addres Registration 9 | | Street Address: | tion |
| Division of C | | Registration Sec Division of Corp | |
| P.O. Box 632 | .7 | The Centre of Ta | |
| Tallahassee, l | FL 32314 | 2415 N. Monroe | Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Maddie Milne Communications, LLC | |
|--|---|
| (<u>Name of the Limited Liability Compar</u> (A Florida Limited I, | y as it now appears on our records.) ability Company) |
| The Articles of Organization for this Limited Liability Company of Plorida document number 1.21000418574 | were filed on $\frac{9/22/2021}{}$ and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, <u>enter the new name of the limited liabi</u> | lity company here: |
| Maddie Milne Public Relations, LLC | |
| he new name must be distinguishable and contain the words "Limited Liabili | ty Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| Principal office address MUST BE A STREET ADDRESS) | |
| | |
| | 100 to 100 |
| Enter new mailing address, if applicable: | |
| Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| If amending the registered agent and/or registered office agent and/or the new registered office address here: | ddress on our records, <u>enter the name of the new reg</u> |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| | Enter Florida street address |
| | , 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 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 |
|--------------|-------------|-------------|-----------------|
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| fective date, if other than an effective date is listed, the dat ote: If the date inserted in the ocument's effective date on t | iis block does not | meet the applic | able statutory | or more than 90 c filing requireme | _(optional) lays after filing, ents, this date |) Pursuan will not | a to 605.020 be listed a |
| ecord specifies a delayed eff is filed. | ective date, but no | ot an effective t | ime, at 12:01 a | i.m. on the earli | er of: (b) Th | e 90th d | ay after the |
| | | | | | | | |
| October 9 | | - 2021 | <u> </u> | . | | | |