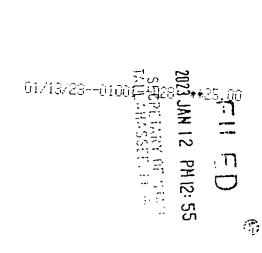
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Office Use Only



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RECEIVED

COVER LETTER

	Registration Sec Division of Corp			
SUBJEC	T: <u>Miller</u>	Min Making TUB Name of Limi	ted Liability Company	_
The enclo	osed Articles of /	Amendment and fee(s) are subi	nitted for filing.	
Please ret	turn all correspor	ndence concerning this matter (to the following:	
		Jayda	Name of Person	
			Firm/Company	
		122 ,	E Main S+ #12	3.5
		Lateland, F	1 3386.1 City/State and Zip Code	
		jaydab 18414 E-mail address: (1	City/State and Zip Code One The Company of the Used for future annual report notions.	fication)
Lor furth	er information co	oncerning this matter, please co	ail:	
	Name of	Person	at () Area Code Daytim	e Telephone Number
Enclosed	is a check for th	e following amount:		
7 . \$25.0	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 S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

FII ED

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2023 JAN 12 PH 12: 56 ed Liability Company as it now appears on our records. (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _____ Florida document number <u>L22000062855</u> 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 "L.L.C." 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: Enter Florida street address 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

Title	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
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			□Remove
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<u>—</u>			□Add
			□Remove
			Change

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Note: If th	date, if other than the date of filing:	Pursuant to 605.0207 (vill not be listed as t
e record spord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The	90th day after the
Dated	January 12 2023.	
	1 7/8	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00