

122 000105274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

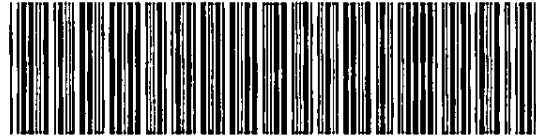
(Business Entity Name)

(Document Number)

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04/12/22--01015--010 **30.00

T. MATTHEWS

MAY 02 2022

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 APR 12 AM 9:18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Miley Team

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Vic J. & Frank Miley

Name of Person

Miley Team

Firm/Company

17500 NE US Hwy 301

Address

Waldo, Florida 32694

City/State and Zip Code

frankbm2008@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vic J. Miley

Name of Person

904

at (_____) _____

Area Code

805-3892

Daytime 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)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

22 APR 12 AM 9:18

Miley Team

(Name of the Limited 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 02/25/2022 and assigned
Florida document number L22000105274.

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

City

_____, **Florida**

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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Vie J. Miley	17500 NE US HWY 301	<input type="checkbox"/> Add
		Waldo Florida 32694	<input type="checkbox"/> Remove
		Remove the "Sr." on the name we are not SR	<input checked="" type="checkbox"/> Change
MGR	Frank B. Miley	17500 NE US HWY 301	<input type="checkbox"/> Add
		Waldo Florida 32694	<input type="checkbox"/> Remove
		Remove the "Sr." on the name we are not SR	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Requesting to remove the "Sr" from both our name this was an error completed on your end, we had called to fix it and they stated we needed to fill out a amended form for the request of this change. OUR name is only how we stated above and how our state driver lincense states. Due to this error we were not able to open our business account, and now our business poft is on hold. Please fix error as we did not agree nor completed on our end.

Correct should be : Vie J. Miley & Frank B. Miley (please remove the Sr.) Thank you.

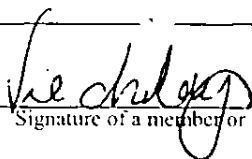
E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 03/29/2022



Signature of a member or authorized representative of a member

Typed or printed name of signee