

122000282443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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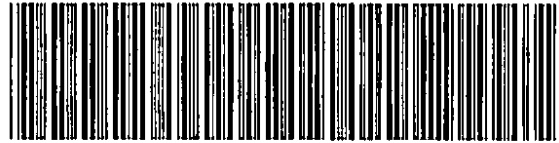
(Business Entity Name)

(Document Number)

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FEB 15 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mila Life LLC
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:

Thomas B Eale
Name of Person

Mila Life LLC
Firm/Company

11200 Biscayne Blvd
Address

North Miami FL 33181
City/State and Zip Code

Ambre milazzo@gmail.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Ambre milazzo at (305) 587-3614
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Mila Life LLC

(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 June 21st, 2022 and assigned
Florida document number 222000282443.

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)

11200 Biscayne blvd apt 414

North Miami, 33181, FL

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11200 Biscayne blvd apt 414

North Miami, 33181, FL

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: _____

11200 Biscayne blvd apt 414

Enter Florida street address

North Miami Florida 33181

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

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>
<u>MGR</u>	<u>Thomas Balangy Eale</u>	<u>11200 Biscayne Blvd,</u>	<input type="checkbox"/> Add
		<u>North Miami, Florida, 33181</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Ambre Francesca Nilazzo</u>	<u>2041 Ne 123rd Street,</u>	<input checked="" type="checkbox"/> Add
		<u>North Miami Florida, 33181</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>Ambre Francesca Nilazzo</u>	<u>11200 Biscayne blud,</u>	<input checked="" type="checkbox"/> Add
		<u>North MIAMI, Florida, 33181</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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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.

Dated 01/31/2023 . 12:13 pm .



Sincerely,
Authorized Representative of a

Ambre dilazzo

Thomas Eale

Typed or printed name of signee