

L22000303479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

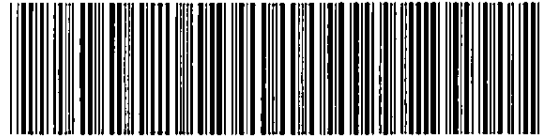
(Business Entity Name)

(Document Number)

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SOFI 10/13/2024  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Unlimited Miles 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:

Kimberly Walters  
Name of Person  
Unlimited Miles LLC  
Firm/Company  
4733 Hatton St  
Address  
Marianna FL 32446  
City/State and Zip Code  
cdikim@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kimberly Walters at 228 424 6162  
Name of Person Area Code 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

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SECRETARY OF STATE  
TALLAHASSEE, FL

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

Unlimited Miles 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 7/07/2022 and assigned  
Florida document number 422000303479

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)

4733 Hatton St.  
Marianna, FL  
32446

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4733 Hatton St  
Marianna, FL  
32446

**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:

Kimberly Walters

New Registered Office Address:

4733 Hatton St.

Enter Florida street address

Marianna

City

Florida

32446

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.

Kimberly Walters

If Changing Registered Agent, Signature of New Registered Agent

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OFFICE OF THE  
CLERK OF THE  
STATE  
TALLAHASSEE, FL

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	Jackson Christopher D Jr	5553 Eden Rd	<input type="checkbox"/> Add
		Bascom, FL	<input checked="" type="checkbox"/> Remove
		32423	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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[illegible]

07/24/2024

**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.

2024 JUN -2 PM 2:11  
JOYCE STATE  
TALLAHASSEE, FL  
90th day and

10-7-67  
J. L. R.  
S. L.  
J. L. R.  
J. L. R.

Dated July 24, 2024

Signature of a member or authorized representative of a

Signature of a member or authorized representative of a member

Kimberly C. Walters  
Typed or printed name of signee

Typed or printed name of signee