

L22000343779

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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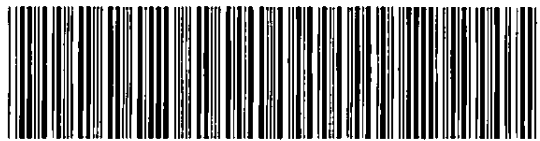
(Business Entity Name)

(Document Number)

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*Me*

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MilestoneZone 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:

Terica Ramirez  
Name of Person

MilestoneZone LLC  
Firm/Company

8494 Creekblvd Dr  
Address

Dallas TX 75249  
City/State and Zip Code

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

For further information concerning this matter, please call:

Terica Ramirez at (361) 301 2635  
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

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

MILESTONE ZONE 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 8-4-22 and assigned  
Florida document number 122000343779

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)**

18455 Hwy 41 Cutz FL  
33549

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

18455 Hwy 41 Cutz FL  
33549

**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:**

Rugayah Al Shaaier

**New Registered Office Address:**

5104 Eagle Blvd  
Enter Florida street address

Land Oakes Florida 34639  
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.*

R A

**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 Logowner	Tiffany McFarlane	18455 Hwy 41 Lutz FL 33549	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
<del>MGR</del> <del>AMBR</del>	<del>Roslyn Alshar</del> Alshar	<del>5104 Eagle Bluff</del> Land O Lakes FL 34639 ↑ Already listed	<del><input checked="" type="checkbox"/> Add</del> <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR owner CEO	Jerica Ramirez	8499 Creekbluff Dr Dallas TX 75249	<input type="checkbox"/> Add <input checked="" 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.)

The business is going from Single member to multiple member (partnership, with 2 owners of a small business). The EIN will stay the same. A copy of this is/will be sent to the IRS

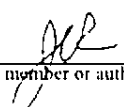
E. Effective date, if other than the date of filing: June 1<sup>st</sup> 2024 (optional)

(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 May 27, 2024.

  
Signature of a member or authorized representative of a member

Jessica Ramirez  
Typed or printed name of signee

Filing Fee: \$25.00