

L220000358426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

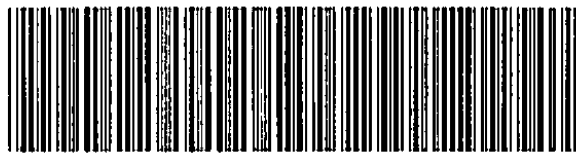
(Business Entity Name)

(Document Number)

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2022 OCT 27 PM 12:58
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JAN 4 4 2023

COVER LETTER

Registration Section
Division of Corporations

Milestones X LLC

SUBJECT:

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Luke Lensvelt

Name of Person

Milestones X LLC

Firm/Company

380 Maralinda Dr

Address

St Augustine, FL 32095

City/State and Zip Code

luke.lensvelt@gmail.com

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

For further information concerning this matter, please call:

Luke Lensvelt

425 737-4243

at ()

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**

Milestones X LLC

2022 OCT 27 PM 12:58

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

10/27/22

The Articles of Organization for this Limited Liability Company were filed on August 15, 2022 and assigned
Florida document number L22000358426.

This amendment is submitted to amend the following:

If amending name, enter the new name of the limited liability company here:

Mike Lensvelt LLC

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

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

removing Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
removed from our records:

GR = Manager

1BR = Authorized Member

<u>le</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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_____ ☐ Add

_____ ☐ Remove

_____ ☐ Change

☐ Add

[_____](#) [Remove](#)

☐ Change

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[illegible]

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.

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.

Luke Lensvelt

Typed or printed name of signee

Filing Fee: \$25.00