

L230000075818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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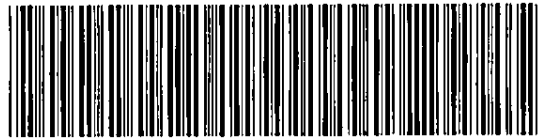
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/15/23--01008--006 **25.00

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2023 MAR 15 AM 10:52

2023 MAR 15 AM 9:04

CHASSIS

CLERK OF STATE
TALLAHASSEE, FL

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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LLC AMEND

1. MILTON RE LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MILTON RE 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:

T. Matthew Ladyman, Esq.

Name of Person

Nishad Khan, P.L.

Firm/Company

1303 N. Orange Ave.

Address

Orlando, Florida 32804

City/State and Zip Code

matthew@nishadkhanlaw.com

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

For further information concerning this matter, please call:

T. Matthew Ladyman, Esq.

407 228-9711
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

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2023 MAR 15 AM 9:04

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

DEPT. OF STATE
TALLAHASSEE, FL

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	MUBASHIR CHAUDHRY	2140 ALAQUA DR	<input checked="" type="checkbox"/> Add
		LONGWOOD, FL 32779	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MUGHIS CHAUDHRY	2413 PARKWOOD DRIVE	<input type="checkbox"/> Add
		PANAMA CITY, FL 32405	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	MOHAMMED CHAUDHRY	2413 PARKWOOD DRIVE	<input checked="" type="checkbox"/> Add
		PANAMA CITY, FL 32405	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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2003 MAR 15 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FL

SECRETARY OF STATE
TALLAHASSEE, FL

11-10-68

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.

Dated March 3, 2023

Manly. Gilchrist
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

MUGHIS CHAUDHRY

Typed or printed name of signee

Filing Fee: \$25.00