Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850\(\text{P\$X}\)17-6383

From:

Account Name : INCFILE.COM LLC Account Number : I20220000070

Phone : (888)462-3453 Fax Number : (877)919-2613

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:

EFILE1234@INCFILE.COM

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MILLIOSKA CONSULTING L.L.C.

Certificate of Status	0
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Page Count	05
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Corporate Filing Menu

Help

S. ROBERTS

JUN - 1 2023

## **COVER LETTER**

(((H23000195858 3)))

TO: Registration'S Division of Co			-		
SUBJECT:		CONSULTING L.L.C.			
SUBJECT:		nted Liability Company	<del></del>		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	LOVETTE DOBSON				
		Name of Person			
		Firm/Company			
	17350 STATE HWY 249				
		Address	_		
	HOUSTON TX, 77064	City/State and Zip Code	<del> </del>		
	EFILE1234@INCFILE.CO	·			
		to be used for future annual report i	politication)		
For further information	concerning this matter, please c				
LOVETTE DOBSON		at ()	888-462-3453 time Telephone Number		
Name	of Person	Area Code Day	time Telephone Number		
Enclosed is a check for t	the following amount:				
<b>₹</b> \$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 Addre Registration		Street Address: Registration			
Division of Corporations		Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

(((H23000195858 3)))

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MILLIOSKA CON	SULTING L.L.C.		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the al	obreviation "L.L.C."	
Enter new principal offices address, if applicable:	601 Brickell Key Drive, Suite 700		
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33131	267	
		· · · · · · · · · · · · · · · · · · ·	
		; ;	
Enter new mailing address, if applicable:	601 Brickell Key Drive, Suite 700		
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33131	•	
P. If amonding the veriftered agent and/or revietered office.			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nam	ie of the new registere	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	Ciri	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am jorovided for in Chapter 605, F.S. Or,	familiar with and if this document is	
If Char	iging Registered Agent, Signature of New Re	distered 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:

(((H23000195858 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Matthew Torres	601 Brickell Key Drive, Suite 700	□Add
		Miami, FL 33131	(T) p
			□Add
			□Remove
			□Change
			□Add
			□Remove
	<del></del>		
			□Remove
			Change
			□Add
			□Remove
			□Change
			□ Add
		-	□Remove

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D. If amending any other info	rmation, enter chai	ige(s) here:	/Attach addit)	ional sheets, if r	recessary.)	
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MR V - NOTE -				<del></del>	**************************************	
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Effective date, if other than than effective date is listed, the date Note: If the date inserted in thi document's effective date on the	s block does not meet	the applicabl	date of filing or m e statutory filin	ore than 90 days alg g requirements, (	otional) der (iling.) Pursuant his date will not b	to 605.0207 (3)() e listed as the
he record specifies a delayed effe ord is filed.	ctive date, but not an o	effective time	, <b>at</b> 12:01 a.m. (	on the earlier of:	(b) The 90th day	after the
Dated May 30th		02.3				
· · · · · · · · · · · · · · · · · · ·	Signature of a mem	ber of authoriz	المرار. vd (waresentative	of a member		<del></del>
	regional to a major			a money		
		Matthew To	orres			_

Filing Fee: \$25.00