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COVER LETTER

TO: Registration Section Division of Corporations

MHL LLC SUBJECT:

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:

Anthony Motschenbacher

Name of Person

Motschenbacher & Blattner LLP

Firm/Company

Address

117 SW Taylor Street STE 300

Portland, OR 97204

City/State and Zip Code

503

Area Code

at (

417-0500

ckartzmark@portlaw.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anthony Motschenbacher

Name of Person

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)

2023 MAR 27

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<u>Mailing Address:</u> 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

Daytime Telephone Number

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIIL LLC		5E(
(<u>Name of the Limited Liahi</u> (A Flori	lity Company as it now appears on our records.) da Limited Liability Company)		
The Articles of Organization for this Limited Liability Florida document number	Company were filed on March 15, 2023	And assigned	
This amendment is submitted to amend the following:	3.15		
A. If amending name, enter the new name of the lin	nited liability company here:	1.1	
MILU LLC			
The new name must be distinguishable and contain the words "Li-	mited 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 ADD	PRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere agent and/or the new registered_office address here:	ed office address on our records, <u>enter the</u>	name of the new registered	
Name of New Registered Agent:	······		
New Registered Office Address:			
	Enter Florida street address		
	Florida		
	City	Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

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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

 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

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<u>Title</u>	<u>Name</u>	Address	Type of Action
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		<u> </u>	🗆 Remove
			🗋 Change
		<u> </u>	🗆 Add
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		·	🗆 Remove
			□Change
			🗆 🗔 Change
			🗆 Add
			🗆 Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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.

2023

March 24

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Signature of a member or authorized representative of a member

Anthony Motschenhacher

Typed or printed name of signee