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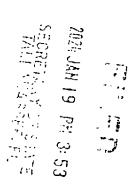
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

FO: Registration Se Division of Cor			• •	
SUBJECT:	Name of Lim	K5 L.L.C. ited Liability Company	 	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	Cleon	Coleman Name of Person		
		Firm/Company		
	790 F Brow	and Blud Apt 201	SECF TAA	٠- عمل
	Ft. Lauder	dale, Fl 33301 City/State and Zip Code	SECRETAIL AT A SECRET	
	Milly Kin	KSSQQ MQil · Com to be used for future annual report notif	fication)	
For further information co	oncerning this matter, please c	·	7 m	2
Cleon Name of	Coleman	at (954) HAH	3月45 e Telephone Number	
Enclosed is a check for th	ne following amount:			
	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres	s:	Street Address:		

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

Milly Kicks LLC.		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records Liability Company))
The Articles of Organization for this Limited Liability Company Florida document number <u>12300173766</u>	were filed on $\frac{117}{23}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "ELC"	or the abbreviation_"L.L.C."
Enter new principal offices address, if applicable:		2024 14707
(Principal office address MUST BE A STREET ADDRESS)		Fm = -
		5
Enter new mailing address, if applicable:		ကိုက္ မွ
(Mailing address MAY BE A POST OFFICE BOX)		- S. W
B. If amending the registered agent and/or registered office as agent and/or the new registered office address here:	ddress on our records, enter th	ne name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
 -		
hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p	e to act in this capacity. I furth performance of my duties, and	ner agree to comply with t 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
<u>MGB</u>	Cleon Coleman	790 E Broward Blod pot 221	od lawterdile. <u>Fl. 1850</u> Gradd
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Dated	- 75 - 707	······································	<u></u>	<u> </u>					
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