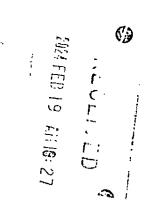


(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
778 I N. Fa









ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Millesim Consulting LLC		
(<u>Name of the Limited Liability</u> (A Florida l	Company as it now appears on our records Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Co	ompany were filed on 2023-05-10	and assigned
lorida document number L23000231794		
his amendment is submitted to amend the following:		2024 SE
. If amending name, enter the new name of the limit	ed liability company here:	
Millesim LLC		
he new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC"	" or the abbreviation "L.L.C.T"
Enter new principal offices address, if applicable:		
<u> Principal office address MUST BE A STREET ADDRI</u>	<u></u>	<u> </u>
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		
Willing address Maria Personal Oscar Spiriton Bosto		
3. If amending the registered agent and/or registered gent and/or the new registered office address here:	office address on our records, enter	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
•	Enter Florida street addres:	۲
	Fla	orida
	City	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

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>	Address	Type of Action
			□Remove
			☐ Change
 			□Add
			Remove
			□Change
			□Add
		<u> passary</u>	□Remove
			Change
			Remove
			□Change
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		<u></u>	□Remove
			Change
		□Add	
			Remove
			□ Change

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If an effective da Note: If the o	te, if other than the date of filing:
ne record speci ord is filed.	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	2023
	/s/ GALLARDO, CHRISTOPHE
	Signature of a member or authorized representative of a member
	GALLARDO, CHRISTOPHE , Member
	Typed or printed name of signee

Filing Fee: \$25.00