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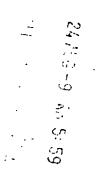
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## **COVER LETTER**

TO: Registration Se Division of Cor			
AND LINE AND CORN.	TRATEGIES LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	James Miller		
		Name of Person	
	MILLER STRATEGIES I	LLC	
	<del></del>	Firm/Company	
	3923 Country View Ln		
		Address	
	Sarasota, Fl. 34233		
		City/State and Zip Code	
	repjam@gmail.com	to be used for future annual report no	
For further information c	concerning this matter, please c	·	arreation)
James Miller		850 445-0773	
Name o	f Person		me Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$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 Registration		Street Address: Registration S	action
Division of C		Division of Co	
P.O. Box 632		The Centre of	Tallahassee
Tallahassee, 1	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ne Articles of Organization for this Limited Liability Company were filed on May 23.	ur records.)
	2023 and assigned
orida document number L23000255934	
ais amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liability company bere:	
e new name must be distinguishable and contain the words "Limited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
rincipal office address MUST BE A STREET ADDRESS)	
	,,5
	ف ا
nter new mailing address, if applicable:	200 DK
	ਨ੍ਹਾ
failing address MAY BE A POST OFFICE BOX)	
	·· · · · · · · · · · · · · · · · · · ·

## 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.

City

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>	Type of Action
MBR	James Miller	3923 Country View Ln	≡Add
		Sarasota, FL 34233	□Remove
			☐ Change
MBR	Jennifer Bash	3923 Country View Ln	DAdd
		Sarasota, FL 34233	□Remove
		<del></del>	Change
		<del></del>	□Add
			□Remove
			□Change
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		··-	\ \_Add
			Remove
			Change
<del></del>			
			⊡Remove

-		
<del></del>		
Effective date, if other than the da	date of filing: (optional)	
it an effective date is fisted, the date must be	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 ck does not meet the applicable statutory filing requirements, this date will not be listed	/207 1 as
document's effective date on the Depa	partment of State's records.	
	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t	lne
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