## L23000366708

(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:

Office Use Only

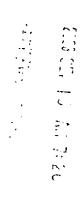
A. RIVERS

OCT 0 3 2023



600415373606

09/15/23--01030--005 \*\*55.00



## **COVER LETTER**

TO:	Registration Sectorial Division of Corp.		<b>***</b> •	
SUBJE	CCT: Miltu	Name of Limited	nce LLC d Liability Company	·
The en	closed Articles of A	mendment and fee(s) are submi	tted for filing.	
Please	return all correspon	dence concerning this matter to	the following:	
		Tyler Mi-	tula	
			Name of Person  Internance L  Firm/Company	LC.
		2204 ousis		
		Cape Cural	FL 331 City/State and Zip Code	a1.
			be used for future annual report	
For fur	ther information cor	ncerning this matter, please call:	:	
_A.	riana Herr Name of I	Person	at (231) 63 Area Code Da	ytime Telephone Number
Enclose	ed is a check for the	following amount:		
<b>X</b> \$2.	5.00 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 Address:
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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Milton Maintenance LLC

(Name of the Limit)	A Florida Limited Li	ability Company)	our recoras.)		
The Articles of Organization for this Limited Liz Florida document number <u>L 23000</u>			yust 4	2ve3 and assigned	:d
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	the limited liabil	ity company here:			
The new name must be distinguishable and contain the we	_ oras "Lamited Liabili	ty Company," the design	ation "LLC" or the	e abbreviation "L.L.C.	<del></del>
Enter new principal offices address, if applica	able:	2204 oc	sis pel	m crel-	<u>ፈ.</u>
(Principal office address MUST BE A STREE	T ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>80X)</u>	220400	ists pe	Im cont	 _ #Zu _
B. If amending the registered agent and/or reagent and/or the new registered office addres		ddress on our recor	ds, enter the n	ame of the new re	gistered
Name of New Registered Agent:	Arrana	Hernande	<del>t</del>		
New Registered Office Address:	22040	ASIS Pilm Enter Florida si	circle reet address	# 208	
	Cape 1	City	Florida	3371.) ,	· 

## 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
Registered Agent.	Tyler Mitola	1115 SW 18th Ave Cape Caral A	191
			<u></u> ⊠Remove
		App+	□Change Z08
Owver Cenbr	Ariana Hernandez	_	XAdd
		<del></del>	□Remove
			□Change
<del></del>			□Add
			□Remove
			□Change
		<del></del>	□Add
			□Remove
			Change
			□Add
			□Remove
		<del></del>	□Change
<del></del>			□Add
			Remove
		<del></del>	□Change

<u> </u>	, Tyler Mitala am not the Registered Agent for this Buisness
"	Milton Mainten ancelle" My name was accedently put in this
	ection. Ariana Hernandez is the owner's operator of this
	ompana.
· ·	a pany.
_	
	· · · · · · · · · · · · · · · · · · ·
_	
	· · · · · · · · · · · · · · · · · · ·
	•
_	
fan effed <u>Note:</u> T	te date, if other than the date of filing: Ayyst 16, 2023 (optional)  etive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (  f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to a seffective date on the Department of State's records.
	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 d is file	d.
d is file	August 15, 2023
d is file	A 1.00 0.73

Filing Fee: \$25.00