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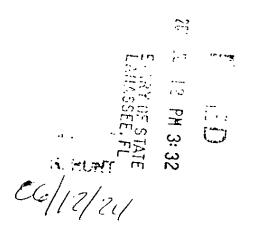
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## **COVER LETTER**

TO: Registration Section **Division of Corporations** MILLIE'S ASPHALT SEAL & STRIPE 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: Ava Mundy Name of Person Firm/Company 19032 Duncan Court Address Dade City, FL 33523 City/State and Zip Code AvaMundyFLRealtor@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Ava Mundy 270-5265 Name of Person Daytime Telephone Number Area Code Enclosed is a check for the following amount: ☐ \$30.00 Filing Fee & **\$25.00** Filing Fee ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) 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

MILLIE'S ASPHALT SEAL & STRIPE LLC				
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records. Jiability Company)	)		
he Articles of Organization for this Limited Liability Company	were filed on 11/14/2023	and assigned		
lorida document number 1.23000515097				
his amendment is submitted to amend the following:				
. If amending name, enter the new name of the limited liab	ility company here:			
St. Pete Wake LLC				
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "L.L.C."		
inter new principal offices address, if applicable:	19032 Duncan Court			
Principal office address MUST BE A STREET ADDRESS)	Dade City, FL 33523			
		m, 3		
nter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)				
		SSC TO ST		
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3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	iddress on our records, <u>enter t</u> l	he name of the new regist		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		rida		
	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 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
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ctive date, if other than the date of filing:	(optio	onal)		
effective date is listed, the date must be specific and cannot be prior to date of filing:  If the date inserted in this block does not meet the applicable statutor	ng or more than 90 days after	filing.) I	ursuant	to 605.02
iment's effective date on the Department of State's records.	y ming requirements, the	date w	iii iiot i	oc nated
ord specifies a delayed effective date, but not an effective time, at 12:01 filed.	a.m. on the earlier of: (b	) The	90th da	y after th
ed June 10th A 2024				