

L24 0000 44933

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(Address)

(Address)

(City/State/Zip/Phone #)

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2024 JUN 15 PM 5:23

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Mills Land Services, LLC

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:

Donell J. Mills

Name of Person

Mills Land Services, LLC

Firm/Company

313 SHADY OAK CIRCLE

Address

ST AUGUSTINE, FL 32092

City/State and Zip Code

don@therisktem.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donnie Mills

Name of Person

at ( 941 ) 5491097

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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**

Mills Land Services, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/24/2024 and assigned  
Florida document number L24000044933.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

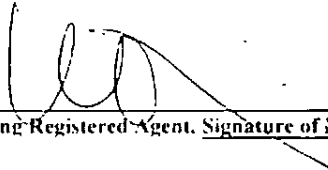
Name of New Registered Agent: Risk Mitigation Solutions, Inc.

New Registered Office Address: 100 Wallace Ave. Ste 360  
*Enter Florida street address*

Sarasota, Florida 34237  
*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>	<u>Address</u>	<u>Type of Action</u>
MGR	Joseph Frank Hill, Jr.	3441 GREEN ACRES RD	<input type="checkbox"/> Add
		ST AUGUSTINE, FL 32084	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Ashton Blake Mills	313 SHADY OAK CIRCLE	<input checked="" type="checkbox"/> Add
		ST AUGUSTINE, FL 32092	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated April 5th \_\_\_\_\_, 2024

Signature of a member or authorized representative of a member

Typed or printed name of signer

**Filing Fee: \$25.00**