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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

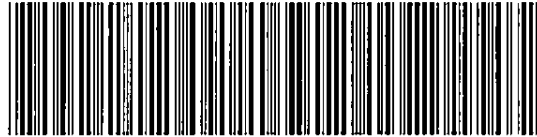
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GED 2 MBA 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:

MegAnn O McMillin

\_\_\_\_\_  
Name of Person

GED 2 MBA LLC

\_\_\_\_\_  
Firm/Company

3284 N Eisenhower Ave

\_\_\_\_\_  
Address

Hernando FL 34442

\_\_\_\_\_  
City/State and Zip Code

megann.o.miller@gmail.com

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

For further information concerning this matter, please call:

Joel D McMillin

217  
at ( )

304-0102

\_\_\_\_\_  
Name of Person

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

Michael McMillen  
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>
PRES	Megann O. Miller	3284 N Eisenhower Ave, Hernando FL 34442	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
PRES	MegAnn O McMillin	3284 N Eisenhower Ave, Hernando FL 34442	<input checked="" type="checkbox"/> Add
			<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"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective 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 (3)(b)

**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.

If the record 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 is filed.

Dated June 26, 2024

Walter O. McMillin  
Signature of a member or authorized representative of a member

MegAnn O McMillin

Typed or printed name of signee

**Filing Fee: \$25.00**

# Queensland MARRIAGE CERTIFICATE

REGISTRATION NUMBER  
2020/ 2416

CAUTION: Whosoever shall unlawfully alter any Certified Copy of an entry in any Register of Births, Marriages, or Deaths, whether by erasure, obliteration, removal, addition or otherwise is guilty of a CRIME, and liable to the punishment by law provided in that behalf. (See Sections 486 and 488 of the "Criminal Code".)

When and where married . . . . .	29 February 2020 On board Spirit of Freedom, Osprey Reef	
Name and surname . . . . .	Groom Joel Dean McMullin	Bride Megann Opal Miller
Marital status . . . . .	Divorced	Divorced
Birthplace . . . . .	Danville, Illinois, United States Of America	Crawfordsville, Indiana, United States Of America
Occupation . . . . .	Computer Consultant	Medical Technologist
Age . . . . .	51 Years	39 Years
Usual residential address . . . . .	401 North Senate Avenue Unit 524, Indianapolis, IN, United States of America	2243 U.S. Highway 52, Apt 1332A, West Lafayette, IN, United States of America
Parents Father's name and surname . . . . . Mother's name and maiden surname . . . . .	Aud Howard McMullin III Loretta Mae Haluska	Michael Otis Reynolds Debra Jo Smith
Rites used . . . . .	the Marriage Act 1961	
Names of witnesses to marriage	Xavier Lozquez Taryn Lozquez	
Name of celebrant and authorisation number (if applicable)	Stephanie Jane Milne A 10814	
Registrar Name . . . . . Date of registration . . . . . Place (or district) of registration	M. Leonard 6 March 2020 Brisbane	
Notes (if any)	<p>CERTIFIED TO BE A TRUE COPY ANGELA VICK CLERK OF THE CIRCUIT COURT AND COMPTROLLER BY: <u>Tifani K. White</u> D.C. THIS <u>2nd</u> DAY OF <u>OCT.</u> 20<u>20</u></p>	

I, Marcus Leonard, Acting Registrar-General, certify that the above is a true copy of particulars recorded in a Register kept in the General Registry at Brisbane



Dated: 10 March 2020

  
Acting Registrar-General

N.B. Not Valid Unless Bearing the Authorised Seal and Signature of the Registrar-General