## 124000272602

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## **COVER LETTER**

Division of Cor	rporations			
MILANTO SUBJECT:	) 17 LLC			
	Name of Lin	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:		
	BLANCA ZAMBRANO			
		Name of Person		
	LUNAS ACCOUNTING AND TAXE CORP			
Firm/Company				
11352 West State Road 84 Suite 198				
		Address		
	Davie, Fl 33325			
		City/State and Zip Code		
	blan.61@hotmail.com			
		to be used for future annual report noti	fication)	
For further information c	oncerning this matter, please e	all:		
Blanca Zambrano		786 2375255		
Name o	f Person	at () Area Code Daytim	e Telephone Number	
inclosed 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)	☐ \$60 00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

TO:

Registration Section

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

MILANTO 17 LLC		
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Co. Florida document number L24000272602	mpany were filed on FLORIDA	and assigned
This amendment is submitted to amend the following:		
_		
A. If amending name, <u>enter the new name of the limite</u>	ed liability company here:	
		ř.
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		*
<u>Principal office address MUST BE A STREET ADDRE</u>	<u></u>	
		. :
		—— <u>(</u> ;
Enter new mailing address, if applicable:		37
	<del></del>	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
		<del>-</del> ·
<ol><li>If amending the registered agent and/or registered of</li></ol>	office address on our records, enter the	name of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		
N. P		
New Registered Office Address:	Enter Florida street address	
	Emer Fibriga street aadress	
	, Florid	
	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>	Address	Type of Action
AMBR	KITZELYN M PEREIRA DIAZ	162 NE 25TH ST #406	
		MIAMI, FL 33137	
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		····	∐Remove
			LlRemove
			TChange
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			□Remove
			- Chanco

Effective date, if other than the date of filing: 106/14/2024 (optional)  In effective date is isself, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuamt to 605.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed locument's effective date on the Department of State's records.	
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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 I is filed.	the
and the distribution of th	
pated	
1 2 1	
Lull	
Signature of a member or authorized representative of a member	
KITZELYN M PEREIRA DIAZ	