L24000439968

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COVER LETTER

TO:	Registration Se Division of Cor			
er bar		APITAL, LLC		
SUBJEC	<u></u>	Name of Lim	nited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	unitted for filing	
		ndence concerning this matter		
		ANDY J. ABREU		
			Name of Person	
		MILIAN CAPITAL, LLC		
			Firm Company	
		8225 W 18TH LN		SEC THE
			Address	REI
		HIALEAH, FL 33014		A PARTY OF THE PROPERTY OF THE
		andyabreu170@gmail.co	City/State and Zip Code m	SECRETARY OF STATE
		E-mail address: (to be used for future annual report no	outlication)
For furth	ner information o	oncerning this matter, please c	all:	
ANDY.	J ABREU		786 253-5409	
	Name o	f Person		me Telephone Number
Enclosed	d is a check for th	ne following amount:		
፷ \$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 Addres Registration S	Section	Street Address: Registration S	
	Division of C P.O. Box 632		Division of C The Centre of	
	Tallahassee, I			roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MILIAN CAPITAL, LLC		
(Name of the Limited Llability Compa (A Florida Limited I	ny as it now appears on our records liability Company)	.)
The Articles of Organization for this Limited Liability Company Florida document number L24000439968	were filed on 10/15/2024	and assigned
'his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)		\$ 50 T
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		TARKY OF E
3. If amending the registered agent and/or registered office a	nddress on our records, enter t	the name of the new registe
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	F.YI	utal.
		ridaZip 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>	<u>Address</u>	Type of Action
CEO	ANDY J ABREU	8225 W 18th Ln, Hialeah, FL	
			≅Remove
			□Change
MGR	ANDY J ABREU	8225 W 18th Ln, Hialeah, FL	≅Add
			□Remove
			SECRETAR AR
			E GO TANGOVE
			
			∐Remove
			⊒Add
			Remove
			Change

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ective date, if other than the da	te of filing:		(optio	nal)
reffective date is listed, the date must be te: If the date inserted in this block	specific and cannot be prior	to date of filing or more	than 90 days after feduirements, this	iling.) Pursuant to 605.020 date will not be listed a
cument's effective date on the Depar			- 1	
cord specifies a delayed effective da s tiled.	ite, but not an effective th	me, at 12:01 a.m. on	the earlier of: (b)	The 90th day after th
OCTOBER 27TH	2024			
	Cal		. .	
	(TO	<u> 11 </u>		

. .

Filing Fee: \$25.00