## P000000 30749

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T. LETOSUX

## COVER LETTER

TO: Amendment Section

Division of Corporation	ns			
NAME OF CORPORATION	on: Mille	r GP, Inc		
NAME OF CORPORATION DOCUMENT NUMBER:	P00000	030749		
The enclosed Articles of An				
Please return all correspond	ence concerning this ma	tter to the following:		
	Gora	OM Miller Name of Contact Person	<u> </u>	
		er 6P mc Firm/Company		
	70 BOY	334		
	Eagle U	Address  Address  Cake Fl  City/ State and Zip Code  345 @ g Ma  sed for future annual report	33839	
<del></del>	ŧ	City/ State and Zip Code		
	gordy 58	345@gma	ilicom	
	E-mail address: (to be us	sed for future annual report	notification)	
For further information cond	perning this matter, pleas	se call:		
Gordon M			298-0123	
Name of Cor			de & Daytime Telephone Number	
Enclosed is a check for the t	following amount made	payable to the Florida Depa	rtment of State:	
\$35 Filing Fee [	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing /			Address	
Amendment Section Division of Corporations		Amendment Section Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle		
i aiianasse	ic, nl. 52514		ssee, FL 32301	

## Articles of Amendment

to

## Articles of Incorporation of

Miller 6P IN C	CH CM
(Name of Corporation as currently t	iled with the Florida Dept. of State)
P00000030749	name way on D 1: 1h
(Document Number of C	orporation (if known) 2019 MAY 24 P 1: 16
Pursuant to the provisions of section 607.1006, Florida Statutes, this Flits Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N//4	W .
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Coword "chartered," "professional association." or the abbreviation "P.  B. Enter new principal office address, if applicable:	o". A professional corporation name must contain the
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	,
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or registered office address	ss in Florida, enter the name of the
new registered agent and/or the new registered office address:	/ <sub>A</sub>
Name of New Registered Agent	
1	
(Florida stree	t address)
New Registered Office Address:	, Florida
	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
N/A	
Signature of New Re	gistered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT John Doe	
X Remove	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
l) <u> </u>	PST Gordon S. Willer	367 W. Eagle Av, Eagle Lake, F1 33839
∕ Add	Y Kenneth N. Meadow	145 Late Dear Dr, WINTER HOWA
Remove	V Gordon S.Miller	367 W. Engle He, Cagle Lake F1 33834
2) Change		
Add		
Remove		
3 ) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		<del></del>
Add		<del></del>
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amending or addittach additional sh	eets, if necessary).	(Be specific)				
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an amendment pro	ovides for an excha	ange, reclassificat	ion, or cancellat	ion of issued sh	iares,	
ovisions for imple (if not applicable	inenting the amen	dment if not cont	ained in the ame	indment itself:		
(y nor apprication						
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after ame	endment file date)
Note: If the date inserted in this block does not meet the applicable statutory fidocument's effective date on the Department of State's records.	ling requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes by the shareholders was/were sufficient for approval.	s cast for the amendment(s)
The amendment(s) was/were approved by the shareholders through voting groumust be separately provided for each voting group entitled to vote separately of	ps. The following statement on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for a	
by(voting group)	<i>.</i> "
(voting group)	<del></del>
The amendment(s) was/were adopted by the board of directors without sharehol action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder a action was not required.	action and shareholder
Dated 5-19-2019	
Signature	
(By a director, president or other officer – if directors of	or officers have not been
selected, by an incorporator – if in the hands of a recei appointed fiduciary by that fiduciary)	ver, trustee, or other court
Gordon S. M. Wex (Typed or printed name of person si	(minu)
C	
(Title of person signing)	
(Title of person signing)	<del></del> _