P20000018039

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(But	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	





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01/27/21--01010--005 **35.00

2021 JAN 27 PM 2: 01 SEURETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Millercation, Inc.				
DOCUMENT NUME					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	spondence concerning this ma	tter to the following:			
	Corey Miller				
		Name of Contact Persor	า		
	Millercation, Inc.				
	Firm/ Company				
	5435 Weller Ave				
	<u> </u>	Address			
	Jacksonville, FL 32211				
		City/ State and Zip Code	e		
	millereation@gmail.com				
		sed for future annual report	notification)		
		•			
for further information	n concerning this matter, pleas	se call:			
Corey Miller		904	de & Daytime Telephone Number		
Name o	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	navable to the Florida Dena	artment of State:		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address			Address		
Amendment Section		Amendment Section			
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee			
P.O. Box 6327 Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			
		Tallaha	assee, FL 32303		

Articles of Amendment to Articles of Incorporation

FILED

Millercation, Inc.	2021 JAN 27 PM 2: 08
(<u>Name of</u>) P20000018039	orporation as currently filed with the Florida Dept. of State) SEURETARY OF STATE TALLAHASSEE, FI
	(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.10 ts Articles of Incorporation:	6, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s)
A. If amending name, enter the new nam	of the corporation:
Corey M Miller P.A.	The new
name must be distinguishable and contain th "Inc.," or Co" or the designation "Con "chartered," "professional association," o	word "corporation," "company," or "incorporated" or the abbreviation "Corp.," ," "Inc," or "Co". A professional corporation name must contain the word the abbreviation "P,A."
B. Enter new principal office address, if (Principal office address MUST BE A STR	
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF	le: FICE BOX)
). If amending the registered agent and/ new registered agent and/or the new r	r registered office address in Florida, enter the name of the gistered office address:
Name of New Registered Agent	
~_	
	(Florida street address)
New Registered Office Address:	, Florida
New Registered Agent's Signature, if cha	
	Signature of New Registered Agent, if changing

Check if applicable

■ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additione	adding additional Ar il sheets, if necessary).	(Be specific)	_		
	,	<u> </u>			
	<u>,</u>				
	· · · · · · · · · · · · · · · · · · ·				
f an amendmer	nt provides for an exc	hange, reclassific	ation, or cancella	tion of issued shares	<u>i.</u>
if not appl	implementing the am icable, indicate N/A)	enament 11 not co	ntamed in the an	nenament useu:	
<u> </u>	,				
					•
	· · ·				

	01/21/2021		
The date of each amendment(s	adoption:		, if other than the
date this document was signed.	121222	.	
Effective date if applicable:	$\frac{1+21/2021}{2}$ $\frac{2}{11}$	6021	
	(no more than 90 day	s after amendment file date)	
Note: If the date inserted in thi document's effective date on the		statutory filing requirements, this date wi	ll not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
☐ The amendment(s) was/were action was not required.	idopted by the incorporators, or board	of directors without shareholder action an	d shareholder
■ The amendment(s) was/were by the shareholders was/were		nber of votes east for the amendment(s)	
	approved by the shareholders through for each voting group entitled to vote:	voting groups. The following statement separately on the amendment(s):	
"The number of votes ca	ist for the amendment(s) was/were sul	fficient for approval	
by		×	
	(voting group)		
Dated	12112021	_	
selec	affector president or other officer – sted, by an incorporator – if in the han inted fiduciary by that fiduciary)	if directors or officers have not been ids of a receiver, trustee, or other court	
	Corey M Miller		
	(Typed or printed name	of person signing)	
	President		
	(Title of person signing)	