P96000058130

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Milam 72 Associate	s, Inc.	
DOCUMENT NUMB	ER:		
	f Amendment and fee are sub	mitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
:	Marlyn Wiener		
-		Name of Contact Person	
1	Marlyn J. Wiener . P.A.		
-		Firm/ Company	
	S111 Broken Sound Parkway	NW . Suite 330	
-		Address	
	Boca Raton, Fl. 33487		
-		City/ State and Zip Code	<u> </u>
	tdnursuit@aol.com		
	. •	ed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	829-7559
	of Contact Person	Area Co	de & Daytime Telephone Number
	r the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

ΟÎ

Milam 72 Associates, Inc.					
Name	of Cornoration as curren	tly filed with the Florida I	Pept. of State)	 	
P96000058130					
	(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	s Florida Profit Corporation	n adopts the following	amendment(s	:) w
A. If amending name, enter the new n	ame of the corporation:				
				The new	
name must be distinguishable and contain "Inc.," or Co.," or the designation "Chartered," "professional association,	Corp," "Inc," or "Co".	A professional corporation			
D R-4	Managaran da a		•		
B. Enter new principal office address, (Principal office address MUST BE A S				DEC	****
				·- C	Mag
				(ii) &	r n
			<i>Q</i> :	<u> </u>	n
C. Enter new mailing address, if appl (Mailing address MAY BE A POST				:	
(aming man ess MAT BE 71 TOB)	OIIICE DOIL		L	₹ ~	_
				<u>ru</u> _0	
					
D. 16	-46				
D. If amending the registered agent as new registered agent and/or the ne			name of the		
	LILLIAN COWAN				
Name of New Registered Agent					
	8440 SW 83 S±				
	•	trect address)			
New Registered Office Address:	Miami		, Florida		
		(City)	(Zip Co	ode)	
New Registered Agent's Signature, if of I hereby accept the appointment as registered.			ions of the position.		
	0 0	21			
	/)/)/	<i>///</i>			
		<i>F</i>			
	Signature of New I	Registered Agent, if changin			
Check if applicable					
☐ The amendment(s) is/are being filed p	oursuant to s. 607.0120 (11)	(c), 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)

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	<u>PT</u>	<u>John Doe</u>	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change			<u> </u>
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
5) Change		- <u> </u>	
Add			
Remove			

ttach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)	
		
in amendment provides for an excha	ange, reclassification, or cancellation of issued shares.	
ovisions for implementing the amen	ndment if not contained in the amendment itself:	
(if not applicable, indicate N(A))		
(if not applicable, indicate NA))		
(y not applicable, indicate NÆ)		
(y not applicable, indicate NÆ)		
(y not applicable, indicate NA)		
(y not applicable, indicate NA)		
(y not applicable, indicate NA)		
(y not applicable, indicate NA)		-
(y not applicable, indicate NA)		
(y not applicable, indicate NA)		
(y not applicable, indicate NAA)		· -

The date of each amendment(s) adoption date this document was signed.	ption:, if other than th
Effective date <u>if applicable</u> :	
- · ·	(no more than 90 days after amendment file date)
Note: If the date inserted in this bloc document's effective date on the Depa	ek does not meet the applicable statutory filing requirements, this date will not be listed as the rtment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopte action was not required.	ed by the incorporators, or board of directors without shareholder action and shareholder
The amendment(s) was/were adopte by the shareholders was/were suffice	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.
The amendment(s) was/were approx must be separately provided for each	yed by the shareholders through voting groups. The following statement ch voting group entitled to vote separately on the amendment(s):
"The number of votes cast for	the amendment(s) was/were sufficient for approval
by	
	(voting group)
November 16. Dated	2021
Signature	
	tor, president or other officer - if directors or officers have not been y an incorporator - if in the hands of a receiver, trustee, or other court
L'apointed	riduciary by that fiduciary)
Ап	tonio Delgado
_	(Typed or printed name of person signing)
Pre	sident

(Title of person signing)