L20000364995

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Registration Section

TO:

Div	ision of Cor	porations					
SUBJECT.	MILLER T	IME LOGISTICS LLC					
SUBJECT:		Name of Lin	nited Liability Company				
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return	all correspo	ndence concerning this matter	to the following:				
	JATAVIOUS T. MILLER						
			Name of Person				
			Firm/Company				
		184 CHAMBERLAIN CT					
			Address				
		PAHOKEE, FL 33476					
			City/State and Zip Code				
		MILLERTIMELOGISTICS	•				
For further in	formation co	E-mail address: (encerning this matter, please c	to be used for future annual report no all:	otification)			
JATAVIOUS	ST. MILLE	R	561 755-1413				
	Name of	Person	at () Area Code Dayti	me Telephone Number			
Enclosed is a	check for the	e following amount:					
≅ \$25.00 Fi	iling Fec	□ \$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)			
	ling Address		Street Address: Registration S	ection			
Division of Corporations			Division of Co	orporations			
	. Box 6327 ahassee, F		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

MILLER TIME LOGISTICS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 12/02/2020 and assigned Florida document number L20000364995 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 184 CHAMBERLAIN CT Enter new principal offices address, if applicable: PAHOKEE, FL 33476 (Principal office address MUST BE A STREET ADDRESS) 184 CHAMBERLAIN CT Enter new mailing address, if applicable: PAHOKEE, FL 33476 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

Florida

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	JATAVIOUIS T. MILLER	184 CHAMBERLAIN CT	□Add
		PAHOKEE, FL 33476	□Remove
			🗀 Add
			□Remove
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Effective date, if other	er than the date (of filing:	enries to date of fili	ay or more than 00 -	_ (optional	LORD A	PH 2: 57
Note: If the date insert document's effective date	ed in this block do ate on the Departm	es not meet the a ent of State's rec	pplicable statutor ords.	y filing requireme	ents, this dat	e will not	be listed a
e record specifies a dela rd is filed.	yed effective date,	out not an effect	ive time, at 12:01	a.m. on the earth	er of: (b) - 1	ne yoth d	ay after the
Dated JUNE 09	2	$\frac{2021}{2}$					
	/ Signati	re oya meniber or	authorized represe	ntative of a member			

Filing Fee: \$25.00