

L13000031518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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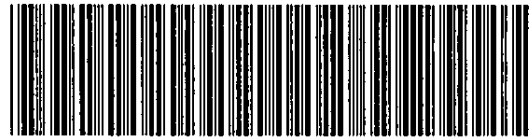
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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9-19-13
to

Amend

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VIMAR MILLENIUM GROUP, LLC.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

HOMERO CRUZ
Name of Person
MILLENIUM 21 GROUP, LLC.
Firm/Company
6187 NW 167 STREET H24
Address
MIAMI FL 33015
City/State and Zip Code
homero.cruz@me.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HOMERO CRUZ at 305.450-9311
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$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 ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

VIMAR MILLENNIUM GROUP, 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 2/23/13 and assigned
Florida document number 13 000031518

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MILLENNIUM 21 GROUP, LLC.
The new name must be distinguishable and end with the words "Limited Liability 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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**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

_____, Florida _____
City Zip 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 608, 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	VIMAR COLOCA CORPORATION	8438 NW 66 ST DORAL, FL. 33166	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	MILLENNIUM DEVELOPMENT GROUP, LLC.	6187 NW 167 ST SUITE H24 MIAMI FL 33015	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	HOMERO CRUZ	6187 NW 167 ST. SUITE H24 MIAMI, FL. 33015	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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 Add
 Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated

9/12/13

Signature of a member or authorized representative of a member

HOMERO CRUZ

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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