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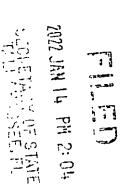
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COVER LETTER

TO: Registration Se Division of Cor			
	IAL KESTREL L.L.C.		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub		
Please return all correspo	ndence concerning this matter	to the following:	
	EMILY KARSEN		202
		Name of Person	CDS CDS
	MILLENNIAL KESTREI	.L.L.C.	
		Firm/Company	
	10595 101ST AVE		
		Address	TAIE OF
	SEMINOLE, FL 33772		1
	- · · · · ·	City/State and Zip Code	·
	EMILYKARSEN19@GM/		
For further information co	e-man address: (oncerning this matter, please c	·	meanon)
EMILY KARSEN		517 256-6533	
Name of	Person		e Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	S30.00 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 Addres Registration S		<u>Street Address:</u> Registration Se	ction
Division of C	orporations	Division of Co	rporations
r further information community KARSEN Name of the S25.00 Filing Fee Mailing Addres Registration S	EMBLY KARSEN MILLENNIAL KESTREI 10595-101ST AVE SEMINOLE, FL 33772 EMILYKARSEN19@GM/ E-mail address: (concerning this matter, please concerning this matter conc	Name of Person Address City/State and Zip Code ML.COM to be used for future annual report not aff: at (S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MILLENNIAL KESTREL L.L.C.			
(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appears on our recor Liability Company)	<u>(ds.)</u>
The Articles of Organization for this Limited Lie Florida document number $\frac{1.20000299251}{1.00000299251}$	ability Company	were filed on	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liabi	lity Company " the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applica		10595 101ST AVE	2027 S.F.10
Principal office address MUST BE A STREE		SEMINOLE, FL 33772	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		10595 101ST AVE	SACTION NOT IN
		SEMINOLE, FL 33772	TAIR 4
3. If amending the registered agent and/or regent and/or the new registered office address Name of New Registered Agent:		address on our records, <u>ente</u>	r the name of the new regist
	10595 101ST A	AVE	
New Registered Office Address:		Enter Florida street addre	PAS
	SEMINOLE	, F	lorida <u>33772</u>
		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 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.

If Changing Registered Agent, Signature of New Registered Agent

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
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			□Remove
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Effective date, if other than the d If an effective date is listed, the date must b Note: If the date inserted in this bloc document's effective date on the Dep	e specific and cannot be prior to date of filing of does not meet the applicable statutory f	or more than 90 days after filing.) Purs	uant to 605,0207 (not be listed as t
e record specifies a delayed effective ord is filed.	late, but not an effective time, at 12:01 a.	m, on the earlier of; (b) The 90th	h day after the
Dated	. 2022		
> /	gnators of a member or authorized representa		

Filing Fee: \$25.00