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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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STATISTICS SEE SPATE

CET 19 7023

COVER LETTER

TO:

Registration Section
Division of Corporations

	roperties for You, LLC	,	•
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Mayte Zaldivar		
		Name of Person	
		Firm/Company	
	3901 SW 62 CT	Address	
) (Address	
	Miami, Fl 33155	City/State and Zip Code	
	millenniapropertiesforyou@	•	
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Mayte Zaldivar		305 338-5699 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S	Section	<u>Street Address:</u> Registration Se	
Division of C P.O. Box 632	•	Division of Cor The Centre of T	-
Tallahassee, I		•	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comps (A Florida Limited	any as it now appears on our r Liability Company)	ecorus.)				
The Articles of Organization for this Limited Liability Company were filed on 01/20/2017						
The Articles of Organization for this Limited Liability Company were filed on U1/20/2017 and assi Florida document number L17000015862						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	oility company here:					
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation	"LLC" or the appreviation "L.L.C."				
Enter new principal offices address, if applicable:	3901 SW 62 CT	020 S				
(Principal office address MUST BE A STREET ADDRESS)	Miami, Fl 33155	P				
		8				
Enter new mailing address, if applicable:	3901 SW 62 CT	PH 1::				
(Mailing address MAY BE A POST OFFICE BOX)	Miami, Fl 33155	m ⊗				
B. If amending the registered agent and/or registered office	address on our records, e	nter the name of the new registe				
agent and/or the new registered office address here:						
Name of New Registered Agent:						
New Registered Office Address:						
New Registered Office Address.	Enter Florida street a	nddress				
	, Florida					
	City	Zip Code				
iew Registered Agent's Signature, if changing Registered Agent:	<u>:</u>					
lew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent and agr	: ree to act in this capacity.	Zip Code				

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>	<u>Address</u>	Type of Action
AMBR	CARLOS YONG, SR	2285 NW 3 ST	□Add
		Miami, Fl 33125	\exists Remove
			Change
			□ Add
			□ Remove
			Add Remove
			□Change
			□Remove
		<u> </u>	☐ Change
			□Add
			□Remove
			□Change
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			☐ Change

ffective date, if other than the date of filing: 09/2/2020 (optional) an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 lote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a occument's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the is filed. Action 1. The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the is filed.					<u>-</u>		. <u>.</u>				
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