L00000013277

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B. BOSTICK SEP 1 1 2014

EXAMINER

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECTS

Millennial Technologies, L.L.C.

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:

Cory S. Robins, Esq.

Name of Person

Robins Law Firm

Firm/Company

3876 Sheridan Street

Address

Hollywood, FL 33021

City/State and Zip Code

gabrielm@cirrusvenezuela.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cory Robins, Esq.

_at (954)

983-0144

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)

S60.00 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

WILLENNIAL TECHNOLOG	,			
(Name of the Limite	ed Liability Company as i (A Florida Limited Liability	; now appears on our rev (Company)	<u>cords.</u>)	
The Articles of Organization for this Limited Lia Florida document number L00000012277 This amendment is submitted to amend the follo	ability Company were		· · · · · · · · · · · · · · · · · · ·	and assigned
A If amonding a second second	-			
A. If amending name, enter the new name of	the limited hability co	ompany here:		
The new name must be distinguishable and end with the v	words "Limited Liability Co	mnany "the decignation	"I I C" or the abbre	wigtion 51 I C 2
		inpany, the designation	LLC of the above	viation E.E.C.
Enter new principal offices address, if applica	ible:			···
(Principal office address MUST BE A STREET	T ADDRESS)			
		<u> </u>		; 13
			:	
Enter new mailing address, if applicable:			·	
(Mailing address MAY BE A POST OFFICE B	· U			
			11,	
	···			-
B. If amending the registered agent and/o		ddress on our reco	ords, <u>enter the</u>	name of the nev
registered agent and/or the new registered off	ice address here:			
Name of New Registered Agent:	Cory S. Robins.	Esa.		
Name of New Registered Agent:				· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	3876 Sheridan S		··	
		Enter Florida street ad		
	Hollywood		Florida 3302	
	Ĉi	ty	2	Iip Code
New Registered Agent's Signature, if changing Re	egistered Agent:			
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this c	r and complete perfoi tered agent as provid egistered office addre	rmance of my duties ed for in Chapter 60	, and I am fami 05, F.S. Or, if th	liar with and iis document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ALAIN LA FONTAINE	5525 NW 15 AVENUE	🗎 Add
		SUITE 304	□ Remove
		FT. LAUDERDALE, FL 333	09
			□ Remove
			Add
		<u> </u>	Remove
		; 	SEP
			Add
			Remove
			_
			Remove
			Add
			□ Remove

If amending any other information, enter change(s) here: (Attach additional sheets, if no	ecessary.)
Effective date, if other than the date of filing:	otional) ys after
Dated September 3 , 2014	
C5/L	
Signature of a member or authorized representative of a member	
Cory S. Robins	

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Filing Fee: \$25.00