

LO1000008346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

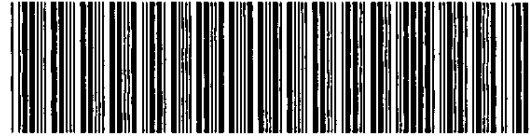
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000250665070

09/19/13--01005--002 **25.00

FILED
2013 SEP 19 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 20 2013

D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Millennium Security Management 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:

Sal Farinella

Name of Person

Millennium Security Management LLC

Firm/Company

303 Sugar Top Drive 2406

Address

Sugar Mountain, N.C. 28604

City/State and Zip Code

sal@mmg1.com

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

For further information concerning this matter, please call:

Sal Farinella Sr.

Name of Person

at (727) 504-9703

Area Code & Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE FLORIDA

2019 SEP 19 PM 12:08

FILED

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**

Millennium Security Management 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 05/24/2001 and assigned
Florida document number L01000008346.

This amendment is submitted to amend the following:

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

Millennium Management Group International 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:

No change

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

No change

(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:

no change

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>
		NO CHANGE	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 2019 SEP 19 PM 12:08
 FILED

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

NO CHANGE

Dated September 7, 2013


Signature of a member or authorized representative of a member

Sal Farinella Sr.

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2013 SEP 19 PM 12:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA