

NO2000021067

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

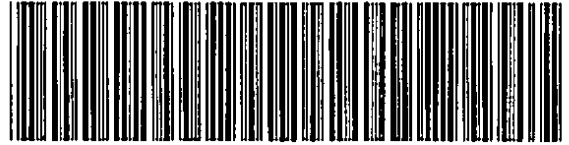
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DEPT. OF STATE  
TALLAHASSEE, FLORIDA

2022 MAY 13 PM 1:50

5-13

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: MILLENNIUM RESOURCE ALTERNATIVES, 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:

JAMES STEVEN KALLMAN

Name of Person

MILLENNIUM RESOURCE ALTERNATIVES, LLC

Firm/Company

341 MONROE STREET

Address

HOLLYWOOD, FL 33019-2003

City/State and Zip Code

james.kallman@moores-rowland.com

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

For further information concerning this matter, please call:

JAMES STEVEN KALLMAN

Name of Person

at ( 336 ) 6810107

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2022 MAY 13 PM 1:50

(A Florida Limited Liability Company)

**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>	<u>Type of Action</u>
<u>MGR</u>	<u>MERYL JAYE KALLMAN</u>	<u>341 MONROE STREET</u>	<input checked="" type="checkbox"/> Add
		<u>HOLLYWOOD, FL 33019-2003</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>MEI LIN KALLMAN</u>	<u>341 MONROE STREET</u>	<input checked="" type="checkbox"/> Add
		<u>HOLLYWOOD, FL 33019-2003</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
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		<u></u>	<input type="checkbox"/> Remove
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		<u></u>	<input type="checkbox"/> Change

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If 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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the 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 record is filed.

Dated May 5, 2022

*Ann. Henry*

Signature of a member or authorized representative of a member

James S. Kallman

Typed or printed name of signee

**Filing Fee: \$25.00**