

L07000085491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

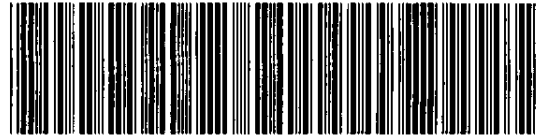
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10 JAN 29 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

FEB - 1 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MILLENIUM EXECUTIVE REALTY 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:

NILDA RIVERA-CRUZ

Name of Person

MILLENIUM EXECUTIVE REALTY LLC

Firm/Company

7901 KINGSPORTE PKWY, SUITE # 8

Address

ORLANDO, FLORIDA, 32819

City/State and Zip Code

NILDACRUZ@AOL.COM

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

For further information concerning this matter, please call:

NILDA RIVERA-CRUZ

Name of Person

at (407)

697-3042

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MILLENIU EXECUTIVE REALTY LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 08/20/2007 and assigned
Florida document number L0700008591

This amendment is submitted to amend the following:

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

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: 7901 KINGSPONTE PKWY, SUITE # 8
(Principal office address MUST BE A STREET ADDRESS) ORLANDO, FLORIDA, 32819

Enter new mailing address, if applicable: 7901 KINGSPONTE PKWY, SUITE # 8
(Mailing address MAY BE A POST OFFICE BOX) ORLANDO, FLORIDA, 32819

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: SCOTT STEWART

New Registered Office Address: 7901 KINGSPONTE PKWY, SUITE 8
Enter Florida street address

ORLANDO, Florida 32819
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

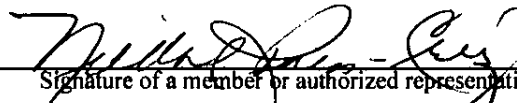
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CESAR ALVAREZ	7901 KINGSPORTE PKWY, SUITE 8 ORLANDO, FLORIDA, 32819	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	SCOTT STEWART	7901 KINGSPORTE PKWY, SUITE 8 ORLANDO, FLORIDA, 32819	<input checked="" 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

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

Dated _____



Signature of a member or authorized representative of a member

NILDA RIVERA-CRUZ

Typed or printed name of signee

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TALLAHASSEE, FLORIDA