

1/21/2020

Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : MACMILLAN & STANLEY, PLLC
Account Number : I20170000007
Phone : (561)276-6363
Fax Number : (561)276-8881

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: tom@macmillanstanley.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HMH MILLENNIUM, LLC

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Page Count	01
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Corporate Filing Menu

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Jan 22 2020

COVER LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: HMH MILLENNIUM, 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:

Thomas M. Stanley, Esq.

Name of Person

MacMillan & Stanley, PLLC

Firm/Company

29 NE 4th Avenue

Address

Delray Beach, FL 33483

City/State and Zip Code

tom@macmillanstanley.com

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

For further information concerning this matter, please call:

Thomas M. Stanley

at 561 276-6363

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)

☐ \$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

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

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HMH MILLENNIUM, 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 10/22/2007 and assigned
Florida document number L07000106851.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

29 NE 4th Avenue

Delray Beach, FL 33483

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

29 NE 4th Avenue

Delray Beach, FL 33483

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:

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 605, 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

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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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	HONIG IRREVOCABLE TRUST	9598 HARBOUR LAKE CIRCLE	<input type="checkbox"/> Add
		BOYNTON BEACH, FL 33437	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Robin M. Honig	29 NE 4th Avenue	<input checked="" type="checkbox"/> Add
		Delray Beach, FL 33483	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Eileen C. Graves	29 NE 4th Avenue	<input checked="" type="checkbox"/> Add
		Delray Beach, FL 33483	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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Age Group	Total	Female	Male	Unknown
18-24	100%	100%	100%	100%
25-34	100%	~90%	~90%	~90%
35-44	100%	~80%	~80%	~80%
45-54	100%	~70%	~70%	~70%
55-64	100%	~60%	~60%	~60%
65+	100%	~50%	~50%	~50%

E. Effective date, if other than the date of filing: _____ (optional)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be used.

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 January 20 2020

Signature of a member or authorized representative of a member

Robin M. Honig

Typed or printed name of signer

Filing Fee: \$25.00