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PICK-UP WAIT MAIL		
(Business Entity Name)		
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(Document Number)		
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EXAMINER

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SECONDANCE OF STATE
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Millerium Vacation Club. LC (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:			
Milda Rivera-Cruz (Name of Person)			
Millerium Companies IIC			
7901 Kingspointe Parkway #17			
Drlando, FC 3289 (City/State and Zip Code)			
For further information concerning this matter, please call:			
(Name of Person) at (UF) 351. D288 (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee \$\ \text{Certificate of Status} \ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \ (additio			

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

(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 and assigned Florida document number L		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	<u>~/A</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u></u>	
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:	MA. Zoo	
New Registered Office Address:	(Enter Florida street address)	
New Registered Agent's Signature, if changing Registered Agent:	(City) , Florida , F	

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 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> **Address Type of Action** Jacqueline Guelde Cesar Alvarez Remove Remove ☐ Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member HNarez Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00