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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 MAY 17 AM 10:32

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MAY 18 2017
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: New Millennia Health 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:

Blake H. Dickeson

Name of Person

New Millennia Health LLC

Firm/Company

3815 S. Elati Street

Address

Englewood/Colorado 80110

City/State and Zip Code

BlakeHD@gmail.com

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

For further information concerning this matter, please call:

Blake H. Dickeson

407 701-6037
at ()

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/COURIER ADDRESS:

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

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

New Millennia Health 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 MAY 08, 2009 and assigned
Florida document number L09000044811.

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)

234 E. King Street

Quincy, FL 32351

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3815 S. Elati Street

Englewood, CO 80110

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TALLAHASSEE FLORIDA

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:

Mark L. Dickeson

New Registered Office Address:

234 E. King Street

Enter Florida street address

Quincy

City

Florida 32351

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.

(Signature)
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>
MGR	Mark L. Dickeson	234 E. King Street	<input checked="" type="checkbox"/> Add
		Quincy, FL 32351	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Blake H. Dickeson	3815 S. Elati Street	<input type="checkbox"/> Add
		Englewood, CO 80110	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Jim Scheel	614 Fisher Road	<input type="checkbox"/> Add
		Winter Springs, FL 32708	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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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 APRIL 30, 2017


Signature of a member

Signature of a member or authorized representative of a member

Blake H. Dickeson

Typed or printed name of signee

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TALLAHASSEE FLORIDA