L10000048515

(R	lequestor's Name)	
(A	ddress)	
(A	address)	-
(C	City/State/Zip/Phone	⇒ #)
PICK-UP	WAIT	MAIL
(B	Business Entity Nan	ne)
(D	Ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	o Filing Officer:	
	A. LU	NT
	JUL -8 2	011
	EXAMI	VER

Office Use Only



600209359656

07/87/11--01043--006 **30.00

SEGRETARY OF STATE TALLAHASSEE, FLORID

COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT: Mill		OV MINIONS ited Liability Company	LLC	
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	+BMPa Josmiy	Name of Person Firm/Company Address City/State and Zip Code	SECRETARY OF STATE FALLAHASSEE, FLORIDA	FILED
For further information of	oncerning this matter, please o	•	ilon)	
Josm	^	at (
Enclosed is a check for the	ne following amount:			
\$25.00 Filing Fee	Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	ı
MAIL	ING ADDRESS:	STREET/COURIER	R ADDRESS:	

TO:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	more Millions	LLC	
(Name of the Limited Li (A Fl	ability Company as it now appears (orida Limited Liability Company)	on our records.	
The Articles of Organization for this Limited Liab Florida document number 110000 45	ility Company were filed on OS	105 10 10 and assigned	
This amendment is submitted to amend the following	ing:	Τ ω 21	
A. If amending name, enter the new name of th	e limited liability company here:	ECRETA LLAHAS	
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Company	"the designation "La Cor the labbre lation	
Enter new principal offices address, if applicabl	le:	5 g	
(Principal office address MUST BE A STREET A	ADDRESS)	SH S	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	2X)		
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Enter	Florida street address	
-	City	, Florida 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 Manager's 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
MGR.	Josman ABREU	8418 BEDGID Wire	Add Remove
			Add Remove
			Add Remove
			Remove T
			Add Management
			Add Remove
D. If amendi		(s) here: (Attach additional sheets, if necessary bdd A MUNUSLY II sheep (an Sign Fo	
<u>Mu</u>	company so	theig (an Sign Fo	<u>r</u> Me.
	.d. 1		
Dated <u>6</u>		or outhorized representative of a mambas	
		or authorized representative of a member	
-		or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00