-414000177586-

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

	gistration Sec vision of Corp			
CUB IECT.	Millenium	Hospitality, LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspor	ndence concerning this matter t	to the following:	
		Ashni Thakor		
			Name of Person	
			Firm/Company	
		2771 Pillsbury Way		
			Address	
		Wellington, FL 3341	4	
			City/State and Zip Code	
		sp.brentwood@gmail	I.COM to be used for future annual report notific	cation)
For further i	nformation co	oncerning this matter, please ca	·	,
Sukey Pa	atel		561 310-7291	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e 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

Millennium Hospitality, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears on our records. Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L14000177586	were filed on 11-17-2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	480 W Boynton Beach Blvd	
(Principal office address MUST BE A STREET ADDRESS)	Boynton Beach, FL 33435	14 P
Enter new mailing address, if applicable:		OV 24
(Mailing address MAY BE A POST OFFICE BOX)		F. 32 ITT
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	· —	the name of the new
registered agent and/or the new registered office address her	<u>e</u> .	
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

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

MGR = Manager

AMBR = Authorized Member **Title Type of Action** <u>Name</u> **Address MGRM** Kush Thakor 2771 Pillsbury Way □ Add Wellington, FL 33414 Remove Thakor Patel MGRM 2771 Pillsbury Way Add Wellington, FL 33414 ☐ Remove _□ Remove □ Add □ Remove _□ Add ☐ Remove

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	• •
he effective	ate, if other than the date of filing:
he effective he date this	date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
The effective the date this	date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after document is filed by the Florida Department of State) 11-21-14
The effective	date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after document is filed by the Florida Department of State)

SECRETARY OF STATE TALEANASSEE, FLORIDA

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Filing Fee: \$25.00