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## **COVER LETTER**

TO:		istration Sectision of Corpo		,	
SUBJE	CT.	Millenium He	ouse 2, LLC		
SUBJE	CI		Name of Lim	nited Liability Company	**
The end	losed	Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please r	eturn	all correspond	dence concerning this matter	to the following:	
			John Morano		
				Name of Person	_
				Firm/Company	
			8951 BONITA BEACH R	ED SE # 297	
				Address	
			BONITA SPRINGS, FL 3	34135	
			johnmgq@aol.com	City/State and Zip Code	_
			E-mail address: (	(to be used for future annual report notification)	-
For furt	her in	formation con	cerning this matter, please ca	all:	
John M	iorand			239 878-4510 at ()	2011 TAL
		Name of F	Person	Area Code Daytime Telephone Num	ACRE NOV
Enclose	ed is a	check for the	following amount:		SEE TO
\$25	.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certific (additional copy is enclosed) Certific	Filing Fee, icate of Status & ied Copy — inal 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

Millenium Hou	se 2, LLC	
( <u>Name of the Limited Liability C</u> (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number L15000188599	pany were filed on November 6, 2015 and assigned	l
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Millennium House 2, LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbreviation "L.L.C."	<del></del>
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	9	_
17 THE SPIN OFFICE MANY COST DE TABLET TODAY		_
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	LCC <b>25</b>	
B. If amending the registered agent and/or registered	ed office address on our records, enter the name of the	e new
registered agent and/or the new registered office address	here:	
Name of New Registered Agent:	T T 11	
	987 F	
New Registered Office Address:	Enter Florida street address > N	
	, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

$\mathbf{AMBK} = A$	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
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tive date, if other than the date	of filing:(optional) existing and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60
	es not meet the applicable statutory filing requirements, this date will not be lis
ment seriective date on the Departs	en of state's records.
	ctive date, but not an effective time, at 12:01 a.m. on the earl
e 90th day after the record is	illea.
November 10	2015
	<b>/</b>

Page 3 of 3

Filing Fee: \$25.00