# 116000202947

(R	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name	)
(D	Occument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer:	

Office Use Only



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Application of the \*\*: A



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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: MILLENNIAL SUFTWARE SOUTIONS 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:
Name of Person
MILLENNIAL SOFTMARE SOUTIONS Firm/Company
1994 DENVER
City/State and Zip Code  ELAVIN 2006 CHOTMAIL. (0M)  E-mail address: (to be used for future annual report notification)
E-mail address; (to be used for future annual report notification)
For further information concerning this matter, please call:
EUGENE LAVIN  at 561, 573-5547  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee S25.00 Filing Fee Fee S25.00 Filing Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe

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 may appears on our records)
(A Horida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on November 3 2016 and assigned Florida document number LIGOD202947.

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 "LLC"

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address MAY BE A POST OFFICE BON)

B. If amending the registered agent and/or registered office address on our records, enter the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

| Same Florida street address | Same Position | Same of New Registered Address | Same Position | Same of New Registered Address | Same Position | Same of New Registered Address | Same Position | Same of New Registered Address | Same Position | Same of New Registered Address | Same Position | Same of New Registered Address | Same Position | Same of New Registered Address | Same Position | Same of New Registered Address | Same Position | Same of New Registered Address | Same Position | Same of New Registered Address | Same Position | Same of New Registered Address | Same Position | Same of New Registered Address | Same Position | Same of New Registered Address | Same Position | Same of New Registered Address | Same Position | Same of New Registered Address | Same Position | Same of New Registered Address | Same Position | Same of New Registered Address | Same Position | Same of New Registered Address | Same Position | Same of New Registered Address | Same Position | Same of New Registered Address | Same Position | Same of New Registered Address | Same Position | Same of New Registered Address | Same Position | Same of

### 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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

MIAMI (AKS) Florida 33014

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MICHAEL BTASMAN	5873 NORTH POINTE LANE	
		BOYNTON BEACH, FL 33437	Remove
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tive date, if other than the date of filing:	(optional)
flective date is listed, the date must be specific and cannot be prior to date of fi	iling or more than 90 days after filing.) Pursuant to 60
If the date inserted in this block does not meet the applicable statut ment's effective date on the Department of State's records.	ory filing requirements, this date will not be list
ecord specifies a delayed effective date, but not an effe e 90th day after the record is filed.	ective time, at 12:01 a.m. on the earl
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613/1 201 0 2 100	
6/14/M A aux Signature of a member or authorized repre	szentativo al a mombar

Page 3 of 3

Filing Fee: \$25.00