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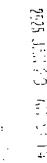
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FEB 04 S. PRATHER



January 7, 2025

MILLENNIUM ROOING LLC MORDECHAI BILLIA 16499 NE 19TH AVENUE NORTH MIAMI BEACH, FL 33162

SUBJECT: MILLENNIUM ROOFING LLC

Ref. Number: L17000002168

We have received your document for MILLENNIUM ROOFING LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Letter Number: 225A00000479

Stacy Prather Regulatory Specialist III

COVER LETTER

Tallahassee, FL 32314

erib tita		IUM ROOFING LLC		
SORTEC	1:	Name of Lim	ited Liability Company	
The enclo	sed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		MORDECHAI BILLIA		
	Division of Corporations MILLENNIUM ROOFING LLC Name of Limited Liability Company Person Annual Correspondence concerning this matter to the following: MORDECHAI BILLIA Name of Person MILLENNIUM ROOFING LLC FirmsCompany 16499 NE 19 AVENUE Address NORTH MIAMI BEACH, FL 33162 City/State and Zip Code INFO@GEMSTONEGC.COM E-mail address to be used for future annual report notification) further information concerning this matter, please call: DRDECHAI BILLIA Name of Person Name of Person Area Code Daytime Telephone Number Closed is a check for the following amount: 1 \$25,00 Filing Fee Certificate of Status Certified Copy Conflicted Copy Certificat Copy Certificat Copy Certificed Copy Certificat Copy Certificed Copy Certificat Copy Certi			
		Articles of Amendment and fee(s) are submitted for filing. Articles of Amendment and fee(s) are submitted for filing. Il correspondence concerning this matter to the following: MORDECHAI BILLIA Name of Person MILLENNIUM ROOFING LLC FinnetCompany 16499 NE 19 AVENUE Address NORTH MIAMI BEACH, FL 33162 CityState and Zip Code INFO@GEMSTONEGC.COM E-mail address, (to be used for future annual report notification) Dormation concerning this matter, please call: 1 BILLIA Name of Person Area Code 1 S55,00 Filing Fee & Certificate of Status Certificate Copy (additional copy is enclosed) Ing Address: Street Address: Stration Section Registration Section Division of Corporations		
			Firm/Company	
		16499 NE 19 AVENUE		
			Address	
		NORTH MIAMI BEACH	, FL 33162	
		INFO@GEMSTONEGC.C		
		E-mail address: (to be used for future annual report noti	ification)
For further	er information co	oncerning this matter, please co	all:	
MORDE	CHALBILIA			
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed	is a check for th	ne following amount:		
		☐ \$30.00 Filing Fee &	Certified Copy	Certificate of Status & Certified Copy
Ī		Section orporations	Registration Se Division of Co	rporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3._.

MILLENNIUM ROOFING 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 01/04/201	7 and assigned
Florida document number L17000002168		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
N/A		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records	, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	et address
		, Florida Zip Code
	Cuy	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 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>	Address	Type of Action
AMBR	MORDECHAI BILIA	4907 N UNIVERSITY DR - STE#205	□Add
		LAUDERHILL, FL 33351	Remove
			Change
			□ Add
			□Remove
			□ Change
			DbbA
			□Remove
			□ Change
			□ Add
		.	Remove
			□ Remove
			□ Change
			□Add
			□ Remove
			□Change

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