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SCORETARY OF ESTATION OF CORPORATION OF CORPORATION OF CORPORATION

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COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Divisi	on of Cor	porations		
	ILLENNI.	AL GROUP LLC		
SUBJECT: _		Name of Lim	ited Liability Company	
The enclosed A	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return al	ll correspo	ndence concerning this matter	to the following:	
		MARTHA MACASSI		
			Name of Person	
		MILLENNIAL GROUP L	LC	
			Firm/Company	
		5042 SW 87 PL		
			Address	· · · · · ·
		MIAMI, FL 33165		
City/State and Zip Code				
		ANATIREMASTERS@GI	MAIL.COM to be used for future annual report notif	ication)
For further info	ormation c	oncerning this matter, please ca		,
ANA M DRAVEN		786 812-8780		
Name of Person		Area Code Daytime	Telephone Number	
Enclosed is a c	heck for th	ne following amount:		
■ \$25.00 Fiii	ng 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)
	Registr	ING ADDRESS: ation Section n of Corporations	STREET/COURING Registration Section Division of Corporation	n

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MILLENNIAL GROUP LLC				
(Name of the Lim	ited Liability Company ((A Florida Limited Liab	as it now appears on our records.) ility Company)		
	Liability Company we	ere filed on 02/28/2017	and assign	ed
Mailing address MAY BE A POST OFFICE BOX) 9				
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liability	y company here:		
The new name must be distinguishable and contain the	words "Limited Liability	Company," the designation "LLC" of	or the abbreviation "L.L.C.	
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE	ET ADDRESS)			<u> </u>
	_			5 <u>8</u> 592−
			<u> </u>	na Gen
Enter new mailing address, if applicable:	_			<u> </u>
(Mailing address MAY BE A POST OFFICE	E BOX)		<u> </u>	
			بو	1711 411:
	_		00	3-
		e address on our records,	enter the name of	the new
Name of New Registered Agent:	ANA M DRAVEN		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	5042 SW 87 PL			
		Enter Florida street address		
	MIAMI	, Flor	ida <u>33165</u>	
		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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MARTHA MACASSI	5042 SW 87 PL	
		MIAMI, FL 33165	Remove
			Change
MGR	ANA M DRAVEN	5042 SW 87 PL	■ Add
		MIAMI, FL 33165	□ Remove
			☐ Change
			Add
			☐ Remove
			Change
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fective date, if other than the neffective date is listed, the date mote: If the date inserted in this becument's effective date on the limited.	ust be specific and cannot be block does not meet the ap	oplicable statutory fi		filing.) Pursuant to 60:	
record specifies a delaye The 90th day after the re	ed effective date, but cord is filed.	t not an effective	e time, at 12:01 a.	.m. on the earli	er c
JUNE 17	2018	·			
	Man Signature of a member or	ta Mucu	ısi		

Page 3 of 3

Filing Fee: \$25.00