

L17000/48506

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

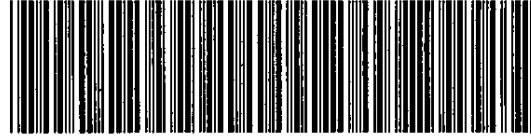
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/13/18--01029--017 **25.00

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2018 APR 13 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MILLENNIUM Home Design & Construction 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:

SIMONE SAMPAIO

Name of Person

MILLENNIUM Home Design & Construction LLC

Firm/Company

10505 CAIN Circle

Address

DeLray Beach FL 33446

City/State and Zip Code

SIMONE SAMPAIO @ AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SIMONE SAMPAIO

Name of Person

at (954) 918-8503

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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 Home Design & Construction 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 03/07/2018 and assigned
Florida document number L17000148506

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

10505 CAIN Circle
DeLRAy Beach FL 33446

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10505 CAIN Circle
DeLRAy Beach FL 33346

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

Name of New Registered Agent:

SIMONE SAMPAIO

New Registered Office Address:

10505 CAIN Circle

Enter Florida street address

DeLRAy Beach

City

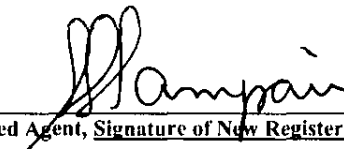
Florida

Zip Code

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APR 13 PM 1:06
TALLAHASSEE, FLORIDA
CLERK OF STATE

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------------|-----------------------|--|
| MGR | ALESSANDRO FIGUEROA | 10505 CAIN Circle | <input type="checkbox"/> Add |
| | | DelRAY Beach FL 33346 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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2018 APR 13 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 APR 13 PM 1:00
SECRETARY OF FAIR
TALLAHASSEE, FLORIDA

FILED

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated April 11, 2018

Signature of a member or authorized representative of member

SIMONE SAMPAIO

Typed or printed name of signee