L17000202640

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(Requestors Name)
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COVER LETTER

то:	Registration Sec Division of Corp		Ŋ.		
SUBJE	ect: <u>Mill</u>	ennial travele Name of Limi	Y (L(ted Liability Company		
The en	closed Articles of A	Amendment and fee(s) are subr	nitted for filing.		
Please	return all correspor	ndence concerning this matter (to the following:		
		Ange	Name of Person		
			-1		
		23640 u	ralden center DR Address	AP+ 208	
		Bonitu spri	City/State and Zip Code	3 <i>4</i>	
		E-mail address: ()	to be used for future annual report notific	ration)	
For fur		oncerning this matter, please co		7.411.0	2017
	Name of	LESTREPO Person	at (231) 465 7 Area Code Daytime	Telephone Number	
Enclos	sed is a check for th	e following amount:			<u>:</u> :
12 \$2	5.00 Filing 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)	-

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

MILLENNIAL +	raveler lity Company as it now appears on our rec la Limited Liability Company)	
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our rec la Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability C		/ 7017 and assigned
Florida document number <u>L 17000202646</u>	<u>2</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited 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 ADD	RESS)	
Enter new mailing address, if applicable:		1.467.773 - 77.167
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		1.3
B. If amending the registered agent and/or regi	istered office address on our reco	ords, enter the name of the new
registered agent and/or the new registered office add		Tr.
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florido street aa	ddress
		, Florida
	City	Zip Code
No. 17 and Administration of the continue Description	and Aments	

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

Title	Name	Address	Type of Action
MGR.	Sergio Davila	823640 walden center Di	€. B\Add
		APT 208 Bonta Springs, FL 30	4134 [©] Remove
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(If an effection Note: 11't	date, if other than the date is listed, the date in this he date inserted in this is effective date on the	nust be specific and cann- block does not meet t	ot be prior to date of ti he applicable statute	ling or more than 90 da	ivs after filing.) Pursi	uunt to 605.02 not be listed
If the recor (b) The 90	d specifies a delay Ith day after the re	ed effective date, ecord is filed.	but not an effe	ective time, at 12	2:01 a.m. on tl	he earlier
Dated	Noven	mber 13. 2	-017			
		h./	1-11	/ _		

Page 3 of 3

Filing Fee: \$25.00