## L17000211727

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Busiless Elluly Name)
(Document Number)
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration : Division of C	Section orporations ,		
SUBJECT: MILLEN	NIAL DETAILING LLC	2.11.110.0	
	Name of Limi	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Cole Allen		
		Name of Person	
	Millennial Detailing LLC		and the second s
		Firm/Company	
	5164 NW 42nd Terrace	Address	
		Address	
	Coconut Creek/FL 33073	City/State and Zip Code	
	Millennialdetailing@gmail.	com	
	E-mail address: (	to be used for future annual report notif	ication)
For further information	concerning this matter, please ca	all:	
Cole Allen		at (954) 732-1274	
Nam	e of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 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

TO:

STREET/COURIER ADDRESS: Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## TO - - ARTICLES OF ORGANIZATION OF

nited Liability Company)	(COTOS.)
pany were filed on october 12, 2	017 and assigned
l liability company here:	
Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
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	# FS
	S SEE
ed office address on our red s here:	cords, enter the name of the ne
Enter Florida street a	ddress
	, Florida
City	Zip Code
	Liability company here:  Liability Company," the designation  (S)

## 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

in amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person penny added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Andre Bacic	927 SE 8th St. Deerfeild Beach FL,	□ Add
			■ Remove
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re date, if other than the date of filing: Januarive date is listed, the date must be specific and cannot f the date inserted in this block does not meet the nt's effective date on the Department of State's r	be prior to date of filing or more than 90 da applicable statutory filing requiremen	(optional) ys after filing.) Pursuant to 60 its, this date will not be lis
ord specifies a delayed effective date, be 90th day after the record is filed.	out not an effective time, at 12	2:01 a.m. on the earl
2018	or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00