## L1700232560

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 4, 2017

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SHALITA HUNTER 2450 JEFFERSON RD S TALLAHASSEE, FL 32317

SUBJECT: THE MILLIONAIRE PORTFOLIO GROUP LLC Ref. Number: L17000232560

We have received your document for THE MILLIONAIRE PORTFOLIO GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Stacey M Warren Regulatory Specialist II

Letter Number: 617A00024338

Letter of Instruction

1) Please remove all Authorized Person(s). I fist only one Authorized Person. The authorize person will be the registered Agent as listed Title MGR Hunter, Shalita K 2450 Jefferson Rd. S Tallahassee FL. 323M

## **COVER LETTER**

TO: **Registration Section Division of Corporations** 

Millionaire Portfolio Group he SUBJECT:

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shalite Hunter Name of Person he Allionaire Purtfolio Firm/Company 450 JEFFERSON R.C. S Address Tallahassee Fl. 3.2317 City/State and Zip Code K. Shalito (e gmail.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shulita Hunter at 850 251 4990 Name of Person Area Code & Daytime Telephone Number

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

MAILING ADDRESS: **Registration Section Division of Corporations** P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

State State

\$55 Filing Fee & Certified Copy

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The Millionaire Por	
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	iability Company)
The Articles of Organization for this Limited Liability Company	were filed on 11/04 2017 and assigned
Florida document number $L17000232560$ .	
Florida document number $LI (00232000)$ .	
This amendment is submitted to amend the following:	
A If an adding many action the new name of the limited light	lity company hora
A. If amending name, <u>enter the new name of the limited liabi</u>	my company nere.
The new name must be distinguishable and contain the words "Limited Liabili	in Company "the distance of $1 + C$ " or the abbreviation " $b + C$ "
The new name must be distinguishable and contain the words. Chinico thaoin	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·
in a state of a state of the st	r.
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of	
registered agent and/or the new registered office address here	<u>.</u>

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
		. Florida
	Cin	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, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
MGR	Shalito Hunter	2450 Jefferson Rd.S	Add
		Tollahahossee FL.	Remove
		32319	Change
MGU	Jasen Hunter	811 N. Mactison St.	O Add
		Thomasy. Ill. St EA	E Remove
		31792	Change
AMER	Graham, AmnizE	2450 Jefferson Rd. 5	🖸 Add
	11	Tallahossee FL 32317	Remove
			Change
<u> </u>	Green, Milcoh J	325 Stone House Rd.	🖸 Add
1	'	Tallahassee FL. 22301	Remove
			Change
AP	Nouh Green	325 Stone House Rd =	<u></u> 0 /æ
		Tullahasse: FL. 3230F	C Remove
			ChaAge
			Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessar	Ð.	If amending any other informatio	n, enter change(s) here:	(Attach additional sheets, if necessary,	)
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Effective date, if other than the date of filing: <u>1</u> (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) 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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

2018 Dated D Mulite Hunter Ć ized representative of a member nter Valita 4 lyped or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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