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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

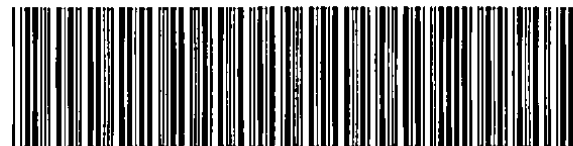
(Business Entity Name)

(Document Number)

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OCT 29 2019

2019 OCT 10 AM 9:55

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MILLENIUM EXTERIORS 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:

JOSE ALBERTO SARAOZ JUAREZ

Name of Person

Firm/Company

4731 CASON COVE DRIVE APT 1311

Address

ORLANDO, FL 32811

City/State and Zip Code

albconstruction16@gmail.com

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

For further information concerning this matter, please call:

JOSE ALBERTO SARAOZ JUAREZ

321 945-7770
at ()

Name 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

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**

MILLENIU EXTERIORS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2019 OCT 10 AM 9:55

The Articles of Organization for this Limited Liability Company were filed on 04/09/2018 and assigned
Florida document number L18000089621.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

JOSE ALBERTO SARAOZ JUAREZ

New Registered Office Address:

4731 CASON COVE DRIVE APT 1311

Enter Florida street address

ORLANDO

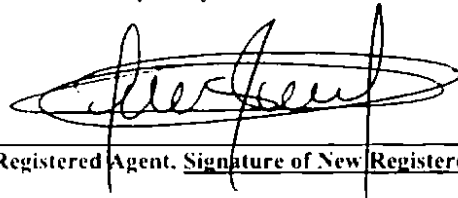
City

Florida 32811

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|----------------------------------|--|--|
| AMBR | JOSE ALEJANDRO SOSA HERNANDEZ | 4731 CASON COVE DRIVE APT 1311 ORLANDO, FL 32811 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | JOSE ALBERTO SARAOZ JUAREZ | 4731 CASON COVE DRIVE APT 1311 ORLANDO, FL 32811 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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E. Effective date, if other than the date of filing: _____ (optional)

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 10/07/2019

Signature of a member or author

Signature of a member or authorized representative of a member

JOSE ALBERTO SARAOS JUAREZ

Typed or printed name of signee