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Div	ision of Cor	porations		
SUBJECT:	Millennium	n Property Holdings, LLC		. •
SOBJECT.	•	Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Michelangelo Floridino SF	₹	
			Name of Limited Liability Company  Iment and fee(s) are submitted for filing.  Concerning this matter to the following:  Chelangelo Floridino SR  Name of Person  Illennium Property Holdings  Firm/Company  Box 681  Address  Ke Hamilton, FL 33851  City-State and Zip Code  oridino@aol.com  E-mail address: (to be used for future annual report notification)  Ing this matter, please call:  863  585-8044  at (	
		Millennium Property Hold	lings	
			Firm/Company	
		PO Box 681		
			Address	<del></del>
	Michelangelo Floridino  Millennium Property H  PO Box 681  Lake Hamilton. FL 33  mfloridino@aol.com  E-mail address  gelo Floridino SR  Name of Person  S a check for the following amount:  O Filing Fee  Certificate of Status  Mallennium Property H  PO Box 681  Lake Hamilton. FL 33  mfloridino@aol.com  E-mail address  Certificate of Status  Mallennium Property H  PO Box 681  Lake Hamilton. FL 33  mfloridino@aol.com  E-mail address  gelo Floridino SR  Name of Person	Lake Hamilton, FL 33851		
The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  Michelangelo Floridino SR  Name of Person  Millennium Property Holdings  Firm/Company  PO Box 681  Address  Lake Hamilton. FL 33851  City-State and Zip Code  mfloridino@aol.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Michelangelo Floridino SR  Name of Person  Security State and Zip Code  mfloridino SR  Area Code  Daytime Telephone Num  Enclosed is a check for the following amount:  Securities Security Securit				
		E-mail address: (	to be used for future annual report no	tification)
For further in	iformation c	oncerning this matter, please ca	all:	
Michelangel	o Floridino :	SR		
	Name o	f Person		me Telephone Number
Enclosed is a	check for th	ne following amount:		
<b>≡</b> \$25.00 F	iling Fee		Certified Copy	Certificate of Status &
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Div	ision of C	orporations	Division of Co	orporations
P.C	). Box 632	.7	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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Tallahassee, FL 32314

TO:

Registration Section

## TO ARTICLES OF ORGANIZATION OF

Millennium Property Holdings, LLC

The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "L. 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 agent and/or the new registered office address here:  Name of New Registered Agent:  Michelangelo Floridino SR		72	ny as it now appears on our records.)	ited Liability Compar	(Name of the Limit				
Florida document number  L18000291747  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. 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 agent and/or the new registered office address here:  Name of New Registered Agent:  Michelangelo Floridino SR			Liability Company)	(A Florida Limited L					
The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "L. 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 agent and/or the new registered office address here:  Name of New Registered Agent:  Michelangelo Floridino SR	Tigned .	and assigned	were filed on	Liability Company	The Articles of Organization for this Limited L  Florida document number				
The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "L. 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 agent and/or the new registered office address here:  Name of New Registered Agent:  Michelangelo Floridino SR	<u>.</u>	PH 4: 31		llowing:	This amendment is submitted to amend the following				
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 agent and/or the new registered office address here:  Name of New Registered Agent:  Michelangelo Floridino SR	<u>ي</u>	§ 9	lity company here:	of the limited liabi	A. If amending name, <u>enter the new name o</u>				
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			oridino SR	Michelangelo Flo	Name of New Registered Agent				
Nov. Danies and Office A 11		<del></del>			Hame of New Negatored Agent.				
					New Registered Office Address:				
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New Registered Agent's Signature, if changing Registered Agent:				Registered Agent:	ew Registered Agent's Signature, if changing R				

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 dates, 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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Appeal Segue

## or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Michelangelo Floridino SR	PO Box 681 Lake Hamilton, FL 33851	<b>≣</b> Add
			2020 Remove
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