L19000 224069

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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R. WHITE
JUL 0 8 2020

COVER LETTER

TO: Registration Se Division of Cor		·	
	sing Table LLC	, · · · · · · · · · · · · · · · · · · ·	
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Emice Mabien		
		Name of Person	
	At The Closing Table LLC		
	-	Firm/Company	
	7901 Venetian Street		
		Address	·
	Miramar FL 33023		
		City/State and Zip Code	
	emabien@gmail.com		
For further information c	E-mail address: (oncerning this matter, please c	to be used for future annual report no all:	otification)
Emice Mabien		754 201-7904	
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S	Section	Street Address: Registration S	
Division of C P.O. Box 632		Division of Co The Centre of	
Tallahassee, I	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303



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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 19, 2020

EMICE MABIEN 7901 VENETIAN ST MIRAMAR, FL 33023

SUBJECT: AT THE CLOSING TABLE LLC

Ref. Number: L19000229069

We have received your document for AT THE CLOSING TABLE LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6050.

Rebekah White Regulatory Specialist II Supervisor

Letter Number: 020A00012154

TO. ARTICLES OF ORGANIZATION OF

At The Closing Table LLC

2520 J <u>-6 Fii 12:</u> 13

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

-	Company were filed on and assigned and assigned
Florida document number 1190000224069	 ·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ited liability company here:
Millennials Funding LLC	
The new name must be distinguishable and contain the words "Limitation of the contain	ited 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 ADDR	RESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
0 0 0	d office address on our records, enter the name of the new regist
0 0 0	d office address on our records, <u>enter the name of the new reg</u> ist
agent and/or the new registered office address here:	
Name of New Registered Agent:	d office address on our records, enter the name of the new regist
Name of New Registered Agent:	

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>	Address	Type of Action
			□Add
•			□Remove
			□Change
			□ Add
			□Remove
			Change
			□Remove
			□Change
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			□Remove
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an effi ote:	ive date, if other than the date of filing:
recore	d 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 led.
ated .	05/09/2020
	Anti-
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	Signature of a member or authorized representative of a member