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	(Requestor's Name)
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PICK-UP	☐ WAIT ☐ MAIL
	(Dysiana Fath Mana)
ı	(Business Entity Name)
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Certified Copies	Certificates of Status
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COVER LETTER

TO:

TO: Registration Se Division of Cor			
	nnium ENT AND TRANSPOR	T L.L.C.	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Quinton McQueen		
		Name of Person	
	New Millennium ENT AN	TD TRANSPORT	
		Firm/Company	
	1814 Wakulla Arran Road		·
		Address	
	Crawfordville, Florida 323	327	
		City/State and Zip Code	
	rlam25@gmail.com	10.00	
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report no all:	othication)
Quinton McQueen		850 408-8128	
Name o	of Person	Area Code Dayt	ime Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addre</u> Registration		Street Address: Registration S	
Division of C	Corporations	Division of C The Centre of	•
P.O. Box 632 Tallahassee,			roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

New Millennium ENT AND TRANSPORT L.L.C			
(Name of the Limited Liability Co. (A Florida Limi	npany as it now appears on our records. led Liability Company)	.)	
he Articles of Organization for this Limited Liability Compa	any were filed on September 20, 202	<u> </u>	and assigned
lorida document number L19000230086			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited l	iability company here:		
lew Millennium Home Repair LLC			
ne new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC"	or the abb	reviation "L.L.C."
nter new principal offices address, if applicable:		<u> </u>	. 22
Principal office address MUST BE A STREET ADDRESS	2	· · ·	<u> </u>
		<u> </u>	2 =
		<u></u> .	五 山
nter new mailing address, if applicable:			တို့ 🔘
Mailing address MAY BE A POST OFFICE BOX)		i	06
		_	
. If amending the registered agent and/or registered offigent and/or the new registered office address here:	ce address on our records, <u>enter t</u>	<u>he name</u>	of the new regis
tent and/or the new registered office address here.			
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	E1.	rida	
 	, Flo	rida	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 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>	Type of Action
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			Change
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m effe ote: ocume	ective date is li If the date in ent's effectiv	sted, the date serted in thi e date on th	is block does ie Departmen	ic and cannot not meet the t of State's	e applicable records.	statutory filt	ng requiremen	its, this date v	Pursuant to 605.02 vill not be listed
ecore	led.	,	,	it not an eff	ective time,	at 12:01 a.m.	on the earlie	rof:(b) The	90th day after th
	,	21/3	2022	,					
	_10/.			-pf	6				
	_10/s 	4	Signature	of a member	r or authorize	d representativ	re of a member		