

L20000000806

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**To:**

Division of Corporations  
Fax Number : (850)617-6383

**From:**

Account Name : SICONT ENTERPRISES OF AMERICA INC  
Account Number : I20160000041  
Phone : (407)443-8973  
Fax Number : (407)930-2626

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: Sonbiz.sicont@hotmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MILLAN HOUSING LLC**

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

2021 JUL -1 AM 11:07

SECRETARY OF STATE  
FALLINGWATER, FLORIDA

2021 JUL -1 PM 12:52

FILED

BB 7/12/21

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MILLAN HOUSING 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:

DESIREE TORRES

\_\_\_\_\_  
Name of Person

SICONT ENTERPRISES OF AMERICA INC

\_\_\_\_\_  
Firm/Company

13550 VILLAGE PARK DRIVE STE 255

\_\_\_\_\_  
Address

ORLANDO FL 32837

\_\_\_\_\_  
City/State and Zip Code

SUNBIZ.SICONT@HOTMAIL.COM

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

For further information concerning this matter, please call:

DESIREE TORRES

407 443-8973

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

FILED  
2021 JUL -1 PM 12:52  
SECRETARY OF STATE  
TALLAHASSEE, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MILLAN HOUSING LLC

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

The Articles of Organization for this Limited Liability Company were filed on 01/02/2020 and assigned Florida document number L20000000806.

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:

ORLANDO REGISTERED AGENTS LLC

New Registered Office Address:

13550 VILLAGE PARK DRIVE STE 255

*Enter Florida street address*

ORLANDO

*City*

Florida 32837

*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



**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

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STATE  
FLORIDA

7  
10

E. Effective date, if other than the date of filing: \_\_\_\_\_ (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.

Dated 6/30/2021

MARIA SUSANA MILLAN CRUZ

Signature of a member or authorized representative of a member

MILLAN CRUZ, MARIA SUSANA

Typed or printed name of signee

**Filing Fee: \$25.00**