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SECRETARY OF STATE TALLAHASSEE, FLORIO/

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COVER LETTER

Divisi	on of Corporations	
SHRJE <i>C</i> T	Millenials Organization	on LLC
	Name	of Limited Liability Company
The enclosed A	articles of Amendment and fee(s) a	re submitted for filing.
Please return al	ll correspondence concerning this i	natter to the following:
		loah West Name of Person
		Name of Person
	Millennials	Organization LLC Firm/Company
	<u> </u>	W Sample Road Address
	Pompano	Beach/FL. 33064 City/State and Zip Code
	E-mail add	ress: (to be used for future annual report notification)
For further info	ormation concerning this matter, ple	rase call:
Neal	161.64	200
INOan	Name of Person	at (813) 716 - 2810 Area Code Daytime Telephone Number
Enclosed is a ch	neck for the following amount:	
☑ \$25.00 Filin	_	5 .
	Certificate of Star	us Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy
		(additional copy is enclosed)
	g Address:	Street Address:
Regis	tration Section	Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Millennials Oranizat			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appe Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on _	03/12/2020	and assigned
Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company l	<u>here</u> :	
Millennials Organization LLC			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the	designation "LLC" or the abbr	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		™ to	202
		<u>ا المراح</u>	APR
		35	 ;
Enter new mailing address, if applicable:		0000 7100	~ i
(Mailing address MAY BE A POST OFFICE BOX)	,		= =
		37	
		——————————————————————————————————————	- c
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our	records, <u>enter the name</u>	of the new registere
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	orida street address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance o rovided for in	f my duties, and I am far Chapter 605, F.S. Or, if	niliar with and this document is

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
	<u> </u>		\ _Add
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Effective date, if other than the date of filing: (optional)				<u>-</u> .								
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Signature of a member or authorized representative of a member		,		~	7 1	/	1					
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