

120 000106657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

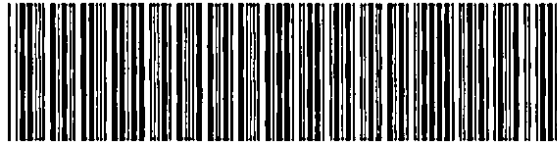
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400356541814

12/21/20--01042--015 \*\*30.00

2021 12 21 8:12

ALCIS  
Hilend

FEB 20 2021  
1 ALBRITTON

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MILLENIA PROTECTIVE SERVICES 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:

JAMES CLAIR SAINT

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

JAMES CLAIR SAINT

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

MILLENIA PROTECTIVE SERVICES LLC

\_\_\_\_\_  
Address

7130 S. ORANGE BLOSSOM TRAIL Ste.111

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

ORLANDO, FLORIDA 32809

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

or further information concerning this matter, please call:

JAMES CLAIR SAINT

407

970-6493

at (\_\_\_\_\_) \_\_\_\_\_

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

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

closed 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



2021 FEB 13 11:17

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 7, 2021

JAMES CLAIR SAINT  
7130 S. ORANGE BLOSSOM TRAIL  
STE. 111  
ORLANDO, FL 32809

SUBJECT: MILLENIA PROTECTIVE SERVICES LLC  
Ref. Number: L20000106657

We have received your document for MILLENIA PROTECTIVE SERVICES 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.

Irene Albritton  
Regulatory Specialist II

Letter Number: 321A00002741

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

MILLENNIA PROTECTIVE SERVICES 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 12/08/2020 and assigned 08/12

Florida document number L20000106657

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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)**

7130 S. ORANGE BLOSSOM TRAIL STE. 111

ORLANDO, FLORIDA 32809

**Enter new mailing address, if applicable:**

N/A

**Mailing address MAY BE A POST OFFICE BOX)**

7130 S. ORANGE BLOSSOM TRAIL STE. 111

ORLANDO, FLORIDA 32809

**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: N/A

New Registered Office Address: N/A

*Enter Florida street address*

N/A, **Florida** N/A

*City*

*Zip Code*

**By 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>	<u>Address</u>	<u>Type of Action</u>
MGR	ROSE MATINE JEAN	13548 TURTLE MARSH LOOP APT, 245	<input type="checkbox"/> Add
		ORLANDO, FLORIDA 32837	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	WILLY ANTOINE	240 RED MAPLE DRIVE	<input checked="" type="checkbox"/> Add
		KISSIMMEE, FLORIDA 34743	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N/A

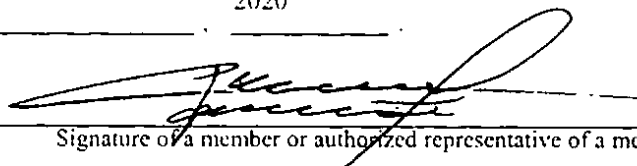
Effective date, if other than the date of filing: 12/08/2020 (optional)

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.

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 document is filed.

dated DECEMBER 08, 2020



Signature of a member or authorized representative of a member

JAMES CLAIR SAINT

Typed or printed name of signer