

L21000076932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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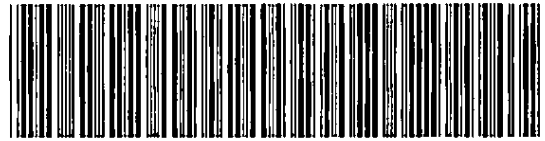
(Business Entity Name)

(Document Number)

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2021 MAR -4 PM 12:07

MAY 19 2021

R. HUNT

COVER LETTER

TO: **Registration Section**
Division of Corporations

Millan Global LLC

SUBJECT: _____
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:

Ivan Millan

Name of Person

Millan Global LLC

Firm/Company

12105 Florida Woods Lane

Address

Orlando/Florida 32824

City/State and Zip Code

ivanxmillan@gmail.com

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

For further information concerning this matter, please call:

Ivan Millan

407 701-7809

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

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

Millan Global 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 February 15 2021 and assigned
Florida document number 1.21000076932

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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

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>
AP	Ivan Millan	12105 Florida Woods Lane	<input type="checkbox"/> Add
		Orlando FL, 32824	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Edgar Vega-Granados	832 Honolulu Woods Lane	<input type="checkbox"/> Add
		Orlando FL, 32824	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Beatriz Vaughan	14375 Babylon Way	<input type="checkbox"/> Add
		Orlando FL, 32824	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Michelle Rivera	2391 Dammar Street	<input type="checkbox"/> Add
		Orlando FL, 32824	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Shantal Vega	832 Honolulu Woods Lane	<input type="checkbox"/> Add
		Orlando FL, 32824	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Manuel Vaughan	14375 Babylon Way	<input type="checkbox"/> Add
		Orlando FL, 32824	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change

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

PLEASE INCLUDE THE DESCRIPTION OF THE AUTHORIZED
PERSON TITLE AND THE DESCRIPTION OF THE MANAGER
TITLE IN THE ARTICLES OF ORGANIZATION.

E. Effective date, if other than the date of filing: _____ (optional)

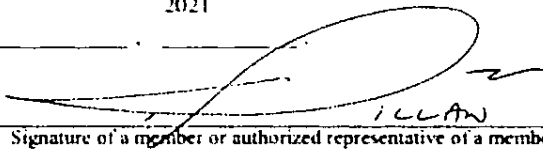
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

March 3rd 2021
Dated _____


Signature of a member or authorized representative of a member

Ivan Millan

Typed or printed name of signee