## L21000120109

(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: Suffix added to new name per customer request.
per customer reguest. Received Back 5/28/25

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March 12, 2025

NYMESHA MIKE MILLIONAIRE MARKETING CO. LLC 6308 W RIVERCHASE DR, BUILDING 55 TAMPA, FL 33637 US

SUBJECT: MILLIONAIRE MARKETING CO. LLC

Ref. Number: L21000120109

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(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.

Mary C Malone Amendment Section

Letter Number: 025A00003849

and Attempt altered address



February 21, 2025

NYMESHA MIKE 6421 N FLORIDA AVE D-1648 TAMPA, FL 33604 US

SUBJECT: MILLIONAIRE MARKETING CO. LLC

Ref. Number: L21000120109

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

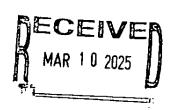
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Mary C Malone Amendment Section

Letter Number: 025A00003849



## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Millionaire Marketing (	^ _d
Name of Limited Lis	ability Company
	e ev
The enclosed Articles of Amendment and fee(s) are submitted	for filing.
Please return all correspondence concerning this matter to the	following:
Nymesha Mil	Name of Person
Millionaire Ma	Firm/Company
6421 n Florida	Address :::
Tampa F1, 3	3601
M. MONCHY SMCD (E-mail address: (to be to	O OW (1) (NV)  Seed for future annual report notification)
For further information concerning this matter, please call:	
Name of Person	at (305) 600-9313  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	<b>—</b>
S25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ Certificate of Status	S55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations The Centre of Tallahassee
P.O. Box 6327 Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
• • • • • • • • • • • • • • • • • • •	Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

May be Limited Liability Company	ny as it now appears on our records.)		
(A Florida Limited L	iability Company)		
The Articles of Organization for this Limited Liability Company Florida document number  \( \bigcup \frac{1700136109}{}{} \).	were filed on 3 15 21	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company here:		
Agency 808 1 La.			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbr	eviation "L.L.C."	_
Enter new principal offices address, if applicable:	3626 E idleuxid are		
(Principal office address MUST BE A STREET ADDRESS)	Tamps, [1 334.10	202	_
			_
		# 2 # 2	<b></b>
Enter new mailing address, if applicable:	3676 E idented av	ه 👯 نه	: :
(Mailing address MAY BE A POST OFFICE BOX)	Tampa F1 33510		_ { '
		5. <b>5.</b>	
		5, 5	_
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, <u>enter the name</u>	of the new regis	terec
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		_
	Florida		
	City	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>	Name	Address	Type of Action
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Remove
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			□Add
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			□Add
			□Remove
			□Chance

E. Effective date, if other than the date (If an effective date is listed, the date must be sometiment). If the date inserted in this block of document's effective date on the Depart	does not meet the applicab	date of filing or more than 9 le statutory filing require	(optional) 0 days after filing.) Pursuments, this date will n	uant to 605.0207 (3)(to be listed as the
If the record specifies a delayed effective dat	te, but not an effective time	e, at 12:01 a.m. on the ea	rlier of: (b) The 90th	ı day after the
record is filed.				
record is filed.  Dated May 28	2025	. •		2025 K
Dated May 28	2025	ved representative of a men	ber	2025 HAY 29 PM 5:

Filing Fee: \$25.00