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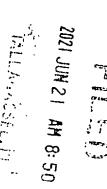
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COVER LETTER

TO: Registration Division of	on Section of Corporations								
(11.14) 111/62/12	MILLENNIUM MACHINERY FLORIDA, LLC								
SUBJECT:	SUBJECT:Name of Limited Liability Company								
Dear Sir or Madam	;	•							
The enclosed State	ment of Correction and fee(s)	are submitted for filin	б .						
Please return all co	rrespondence concerning this	matter to the followin	g:						
ROBERTO J. VAI	LDES								
	Name of Person	· · · · · · · · · · · · · · · · · · ·	_						
MILLENNIUM M	ACHINERY FLORIDA, LLC	•							
	Firm/Company		_						
6600 NW 77th CO	URT								
	Address		_						
MIAMI, FL 33166									
	City/State and Zip Code		_						
r-e@mmpas.com									
E-mail addres	ss: (to be used for future annua	l report notification)	_						
For further informa	tion concerning this matter, pl	lease call:							
EGLEE GUICCIA	RDI VALDES	786	255-6488						
	lame of Person	at (Area Code	Daytime Telephone Number						
Division P.O. Bo	tion Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 816 Tallahassee, FL 32303						
Enclosed is a chec	k for the following amount:								
□\$25 Filing Fee	S30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee. Certificate of Status & Certified Copy						
CR2E062 (9/15)		•							

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

				tted to correct a previously filed		
SECOND: The Florida Document number of the limited liability company is: L21000280319						
THIR				anization		
	(CHEC	K THE APPROPR	IATE BOX AND CO	MPLETE THE APPLICABL	<u>E STATEME</u>	<u>NT</u>
2	Contains an i		The incorrect statemen	t, the reason the statement is inc	correct, and the	corrected
	MILLENNIU	M MACHINERY OF	FLORIDA, LLC		<u>.</u>	021 ,
					; ·	JUN 3
						
	<u>OR</u>					ж ф У
0	Was defective as follows:	ely signed. The man	ner in which the docur	nent was defectively signed and	d the appropriat	e correction are
	<u>OR</u>					
2	The electronic	c transmission of the	record was defective.			
	ROBERTO J.	VALDES		(06/16/2021	
	Sig	nature of Authorized	I Representative	D	ate	
	ure of new regis		table :(NOTE: if corre	ecting the registered agent, the r	new registered a	gent must sign
I herel provisi obliga reflect	by accept the ap- ions of all statu- tions of my posi	pointment as registe, tes relative to the pro- tion as registered ag e registered office ad	oper and complete perf ent as provided for in dress, I hereby confirn	vices to this capacity. I further a formance of my duties, and I an Chapter 605, F.S. Or, if this do not that the limited liability compagent's Signature \$25.00 \$30.00 (optional)	i familiar with a cument is being	ind accept the filed to merely