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(Requestor's Name)				
(Address)	_			
(Address)	_			
(10000)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)	_			
(Document Number)	_			
Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				
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Office Use Only



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2022 OCT 21 AM 9: 50 :

FILED
SECRETARY OF STATE
TO THE CORPORE THIS

COVER LETTER

	J	COVER LETTER		
TO: Registration Division of C				
	NGE MONEY MILLENNIUM L	LC	·	
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles	of Amendment and fec(s) are sub	mitted for filing		
	pondence concerning this matter	<u>-</u>		
	OLGA L. ARANGO ECH	EVERRY		
		Name of Person		
		Firm/Company	<u>_</u>	
	950 S PINE ISLAND RD.	A150 1008		
		Address		
	PLANTATION, FLRORII		····	
	SUNNYENVIOS2022@GI	City/State and Zip Code		
For forther information	E-mail address: (n concerning this matter, please c	to be used for future annual report no	otification)	
OLGA L ARANGO E		305 542-7232		
	e of Person	at ()	ime Telephone Number	
Enclosed is a check for	r 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	
<u>Mailing Add</u> Registration		Street Address: Registration S	Section	
Division of Corporations		Division of Corporations		
P.O. Box 6 Tallahassee	327 c. FL 32314	The Centre of 2415 N. Mont	Tallahassee roe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Company as it now appears on our records.) Limited Liability Company)
ompany were filed on 08/03/2021 and assigned
ed liability company here:
ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
N/A
<u> </u>
N/A
office address on our records, enter the name of the new regist
Enter Florida street address
, Florida City Zip Code
e

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>	Type of Action
MGR	MIRIAM ECHEVERRI DE ARA.	950 S PINE ISLAND RD. A150 1008	= Add
		Plantation, FL 33324	□Remove
		· 	□Change
			□Add
			□Remove
			□ Change
			□Add
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			DChange
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			□Change
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			Remove
			□ Change
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			□Remove
			🗆 Change

D. If amending any other info	ormation, enter change(s)) here: (Attach additiona	I sheets, if necessary.)	
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E. Effective date, if other that (If an effective date is listed, the date inserted in document's effective date on	in the date of filing: ate must be specific and cannot b this block does not meet the:	applicable statutory filing re	(optional) than 90 days after filing.) Pursuant to 60 equirements, this date will not be lis	95.0207 (3)(b) sted as the
If the record specifies a delayed e record is filed.	ffective date, but not an effec	ctive time, at 12:01 a.m. on	the earlier of: (b) The 90th day aft	er the
OCTOBER 14	2022			
	2)	·		
	Signature of a member of	or authorized representative of	a member	
OLGA I ARAN	NGO ECHEVERRY			
	Typed c	or printed name of signee		

Filing Fee: \$25.00