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COVER LETTER

Division of Corp	porations		
SUBJECT: MILLENIU	M ACQUISITIONS AND PR	ROPERTIES LLC	
		uted Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	JAIME G. VILLACRESE	S	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name of Person	
•		Firm/Company	<u> </u>
	1507 MALLARD LANDI	NG BLVD.	
		Address	
	ST. JOHN'S FL 32259		
		City/State and Zip Code	
	milleniumacquisitions@gn	nail.com to be used for future annual report no	\$145
		·	ancation)
ror further information co	oncerning this matter, please e	all:	
HUGO CABALLERO		at (908) 373-2000	
Name of	Person	at (908) 373-2000 Area Code) Daytin	me Telephone Number
Enclosed is a check for th	e 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)

TO:

Registration Section

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

MILLENIOM ACQUISITIONS AND PROPERT		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records, ted Liability Company))
The Articles of Organization for this Limited Liability Comp	any were filed on 6/13/2023	and assigned
Florida document number 1.23000284709		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
he new name must be distinguishable and contain the words "Limited E	iability Company," the designation "LLC"	_
Enter new principal offices address, if applicable:		= 1
Principal office address MUST BE A STREET ADDRESS	<u> </u>	<u> </u>
•		
		<u>स</u> सु
Enter new mailing address, if applicable:		્ર જ
Mailing address MAY BE A POST OFFICE BOX)		, ,
	·	
3. If amending the registered agent and/or registered offingent and/or the new registered office address here:	ice address on our records, <u>enter th</u>	ne name of the new regi
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		rida
	Cuy	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>	<u>Name</u>	Address	Type of Action
MGR	MAXIMO MAYORA	62 N.E. 167TH STREET #1006	□ Add
		MIAMI FL 33130	≡ Remove
			□ Change
MGR	JULIANA SEVILLANO	1122 VICTORY AVENUE	= Add
		PLAINFIELD NJ 07060	□Remove
		☐Change	
			□Add
			Remove
		□Change	
			□ Add
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	s		□Remove
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			□Change

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