## L23000335737

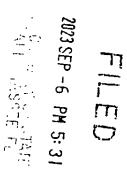
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

MILLENIA	AL CAPITAL PARTNERS LL	C				
SUBJECT:Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Joseph E. Seagle					
	Name of Person					
	Joseph E. Seagle PA					
	Firm/Company					
	924 W. COLONIAL DRIVE					
	Address					
	ORLANDO, FL 32804					
		City/State and Zip Code	<del></del>			
	Joe@seaglelaw.com					
	E-mail address: (	to be used for future annual report not	ification)			
For further information c	oncerning this matter, please c	all:				
loseph E. Seagle		407 373-7462 at ()				
Name of Person		Area Code Daytim	e Telephone Number			
Enclosed is a check for th	ne following amount:					
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address:		Street Address:	ation			
Registration Section Division of Corporations		Registration Section Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MILLENIAL CAPITAL PARTNERS LLC	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L23000335737	were filed on 07/17/2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
MILLENNIAL CAPITAL PARTNERS LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity 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:	723 SEP
Mailing address MAY BE A POST OFFICE BOX)	6
	(2C) <b>3</b> [1]
	<u>~~~</u>
<ol> <li>If amending the registered agent and/or registered office agent and/or the new registered office address here:</li> </ol>	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address

## 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

. Florida

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
		<del></del>	□Remove
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			□Change
			□Add
			□Remove
			□ Change

Typed or printed name of signee