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FILED SECRETARY OF STATE OIVISION OF CORPORATION

JUN 11 2018 JACNAIR

SECRETARY OF STATE DIVISION OF CORPORATION

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Millennium P. Services, Inc.				
DOCUMENT NUMBER: 11 0000 98560				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Leonardo Dornelas				
Millenniam Services Inc:				
Firm/ Company				
9761 SW 3rd Place				
Boca Raton, 12 33428				
- City/ State and Zip Code				
Milleuni wurplundingince gmail Con E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Bevon Christie at 954, 895-7419 Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee Certified Copy (Additional Copy is enclosed)				
Mailing Address Street Address				

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation of

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SECRETARY OF CORE	F & 14.71.
CONT.	CICAT) MA

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Millennium 1. S	ernces Luc.
(Name of Corporation as currentl	y filed with the Florida Dept. of State)
111000098560	
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	1
Millennicen Rumbi	mg, hcThe new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or " word "chartered," "professional association," or the abbreviation	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	1/17
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
•	\mathcal{N}/\mathcal{T}
D. If amending the registered agent and/or registered office adding registered agent and/or the new registered office address	
Name of New Registered Agent	
	as It
(Florida st	eriluddress)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent	
I hereby accept the appointment as registered agent. I am familiar v	van and accept the obligations of the position.
NA	
Signature of New R	egistered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			<u> </u>
3) Change			
Add			
Remove			
4) Change			
Add			
Remove		1	
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
	117
^ /	
A)	
A	

The date of each amendment(s) adoption: 6/2/2018	, if other than the
date this document was signed.	,
(1/2/2018	
Effective date if applicable: (no more than 90 days after amendment file date)	
(inc indica situally) = 4-42 systematically as a situal systematical s	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date vidocument's effective date on the Department of State's records.	vill not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 06 02 18	
Signature (By a director, posident or other officer – if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Leonardo Passos Dornelas (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
president	
(Title of person signing)	