P970000 14531

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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08/18/21--01010--013 **52.50



COVER LETTER .

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: MILLENNIA DES	SIGNS, INC.	
	BER: P97000014531		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	JASON MONSORNO		
	-	Name of Contact Person	
	MILLENNIA DESIGNS, INC	C.	
		Firm/ Company	
	8954 REGINA RD		
		Address	
	JACKSONVILLE FL 32257		
		City/ State and Zip Code	
	JMONSORNO@GMAIL.CC	ЭМ	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
JASON MONSORNO)	904	728-9078) le & Daytime Telephone Number
Name	of Contact Person	Area Coc	le & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	rtment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amendi Division The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

MILLENNIA DESIGNS, INC.

(Name of Corporation as current	ly filed with the Florida Dept. of State)
P97000014531	n en
(Document Number of	of 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:	
N/A	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	N/A
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office add	ress in Florida, enter the name of the
new registered agent and/or the new registered office address	
Name of New Registered Agent N/A	
(Florida st	reet address)
New Registered Office Address:	. Florida
wew registered Office rularies.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	t: with and accept the obligations of the position.
,,,	, , , , ,
Signature of Nov. I	Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	RICHARD VITO MONSORNO II	8954 REGINA RD
X Add	 - -		JACKSONVILLE FL 32257
Remove			
2) Change	P	JASON ANTHONY MONSORNO	8954 REGINA RD
X Add			JACKSONVILLE FL 32257
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change		·	
Add			
Remove			

E. If amending or adding additional Art (Attach additional sheets, if necessary).	icles, enter change(s) here (Be specific)	:	
Ñ/A			
			
		_ _	
	· · · • • · · · · · · · · · · · · ·		
	<u> </u>	<u> </u>	
		<u>,</u>	
			
			<u> </u>
If an amendment provides for an exc	hange, reclassification, or	cancellation of issued share	<u>es.</u>
provisions for implementing the amo	endment if not contained i	n the amendment itself:	
(if not applicable, indicate N/A)			
N/A			
			

	t 12th, 2021
The date of each amendment(s) adoption:date this document was signed.	, if other than the
August 12th, 2021	
Effective date <u>if applicable</u> :	o more than 90 days after amendment file date)
Note: If the date inserted in this block does not m document's effective date on the Department of State	neet the applicable statutory filing requirements, this date will not be listed as the te's records.
Adoption of Amendment(s) (CHEC	K ONE)
The amendment(s) was/were adopted by the inco- action was not required.	orporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shar by the shareholders was/were sufficient for appr	reholders. The number of votes cast for the amendment(s) royal.
	archolders through voting groups. The following statement oup entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment	ent(s) was/were sufficient for approval
N/A	,"
(voting)	group)
selected, by an incorpor appointed fiduciary by	
Sina Mer (Typ	nteiro, POA, atbanel, in fact for Jamorie Mansorna bed or printed name of person signing)
<u>President</u> (Til	Secretary Freasurer, Director