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SECRETARY OF STATE ALLAHASSEE, FLORION

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATI	ION: MILL	MILLENNIUM CAPITAL GROUP, INC.			
DOCUMENT NUMBER:	·	P97000023242			
The enclosed Articles of A	mendment and fee are	submitte	ed for fi	ling.	
Please return all correspond	dence concerning this	matter to	the foll	owing:	
	HILARY HANUS				
	Name of Contact Person				
	MILLENNIUN	/ CAPIT	AL GR	OUP, INC.	
Firm/ Company					
700 DELTONA PLVD. CLUTE 402					
780 DELTONA BLVD SUITE 103 Address					
				25	
	City	/ State and	i Zip Coa	C	
——————————————————————————————————————	millenniumca mail address: (to be used I	pital90@	yahoo unnual rep	.com ort notification)	
For further information con	scerning this matter, pl	lease call	l :		
HILARY	HANUS	at (386	۱ 5	74-5656
Name of Contac	HANUS et Person	w (_	Area Co	de & Daytime Te	lephone Number
Enclosed is a check for the	following amount mad	de payab	le to the	Florida Depar	tment of State:
☑ \$35 Filing Fee ☐ \$4.	3.75 Filing Fee & artificate of Status	Cei	tified Co		□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address			t Addre		
Amendment Section Division of Corporations			Amendment Section Division of Corporations		
•		lifton Building			
Tallahassee, FL 32314			2661 Executive Center Circle		
Tallahassee, FL 32301					

Articles of Amendment to Articles of Incorporation of MILLENNIUM CAPITAL GROUP, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P97000023242 P97000023242 Corporation (if known)

owing

	of the corporation:	The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	e designation "Corp," "Inc,	"company," or "incorporated" or the "," or "Co". A professional corporation
B. Enter new principal office address, if app (Principal office address <u>MUST BE A STREE</u>		
C. Enter new mailing address, if applicable (Mailing address <u>MAY BE A POST OFFI</u>		
D. If amending the registered agent and/or new registered agent and/or the new regi		Florida, enter the name of the
Maria CM. Butanal Anne		
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:	(Florida street a	ddress)
		, Florida
New Registered Office Address:	(City)	,
	(City) ing Registered Agent:	, Florida (Zip Code)

Page 1 of 3

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)

Title	Name	Address	Type of Action
<u>. </u>			Add Remove
•			☐ Add☐ Remove
			_ [] Add _ [] Remove
	or adding additional Articles, enter ional sheets, if necessary). (Be specif		
provisions	dment provides for an exchange, rec for implementing the amendment if applicable, indicate N/A)		
500 SHARE	S TO BE TRANSFERRED FROM	M CHARLES M. HANUS TO	· <u> </u>
HILARY HA	NUS. (PLEASE NOTE: HILARY	HANUS WILL HAVE ALL	
THE CORPO	ORATE SHARES).		
			<u> </u>

The date of each amendment	t(s) adoption: 11/03/2009	
Effective date if applicable:		ion is required)
Effective date it appreciable.	(no more than 90 days after ame	ndment file date)
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we by the shareholders was/we		he number of votes cast for the amendment(s)
		arough voting groups. The following statemen vote separately on the amendment(s):
"The number of votes	cast for the amendment(s) was/we	re sufficient for approval
by	(voting group)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the board of director	rs without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the incorporators wi	thout shareholder action and shareholder
Dated_11/3	/2009	-
		cer – if directors or officers have not been thands of a receiver, trustee, or other court
	ointed fiduciary by that fiduciary)	
	HILARY HANUS	CHARLES M. HANUS
	(Typed or printed na	me of person signing)
	PRES. (Title of person signing)	SEC./TRES.