P98000095521

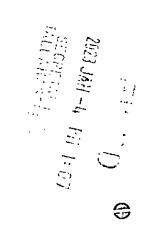
(Requestor's Name)			
(Address)			
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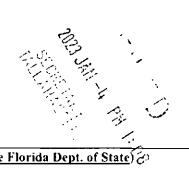


COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CO	RPORATION: Millenium Enterpr	ises Unlimited Inc				
DOCUMENT N	NUMBER: P98000095521					
	ticles of Amendment and fee are su	bmitted for filing.				
Please return all	correspondence concerning this ma	atter to the following:				
	Elizabeth Parker					
		Name of Contact Person				
	The Norlee Group	The Norlee Group				
		Firm/ Company				
	4601 Touchton Road, Suite 3	3150				
		Address				
	Jacksonville FL 32246					
		City/ State and Zip Code	0			
	bethp@norleegroup.com					
	E-mail address: (to be us	sed for future annual report	notification)			
For further infor	mation concerning this matter, plea	se call:				
elizabeth parker		at (<u>904</u>	345-4529 			
1	Name of Contact Person	Arca Co	de & Daytime Telephone Number			
Enclosed is a ch	eck for the following amount made	payable to the Florida Depa	artment of State:			
S35 Filing I	Fee □S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Division The Co 2415 M	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303			

Articles of Amendment to Articles of Incorporation of



%

Millennium Enterprises Unlimited Inc.

Check if applicable

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

(Name of Corporation	n as currently filed with the Florida Dept. of State $(arphi)$
P98000095521	
(Docun	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the co	rporation:
NA	The new
name must be distinguishable and contain the word "co "Inc" or Co.," or the designation "Corp," "Inc. "chartered." "professional association," or the abbre	rporation," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable	NA
(Principal office address MUST BE A STREET ADD	
-	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	NA NA
	<u> </u>
	· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent and/or register	
new registered agent and/or the new registered	ffice address:
Name of New Registered Agent NA	
	(Florida street address)
Navy Barristanad (Mina tolduras	Flavida
New Registered Office Address:	, Florida
New Registered Agent's Signature, if changing Reg	stered Agent:
I hereby accept the appointment as registered agent.	am familiar with and accept the obligations of the position.
Sione	ture of New Registered Agent, if changing
Signa	me of the to Broke ingent 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.

X Change	PT John	n Doc	
X Remove	<u>V</u> <u>Mik</u>	te Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	Corp Co	McKenzie, Kimberly A	4601 Touchton Road
Add			Suite 3150
X Remove			Jacksonville FL 32246
2) Change	CFO	Michael Beaver	4601 Touchton Road
X Add			Suite 3150
Remove 3) Change			Jacksonville FL 32246
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. <u>If amending or adding</u> (Attach <i>additional sheet</i>	<u>t additional Articles, et</u> is, if necessary). (Be s	<u>nter change(s) her</u> specific)	<u>e</u> :		
NA	-				
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F. If an amendment prov provisions for implen	<u>dides for an exchange, a nenting the amendmen</u>	<u>reclassification, or</u> it if not contained	cancellation of issi in the amendment	ued shares, itself:	
(if not applicable,	indicate N/A)				
NA					
				 .	
•				·	
					
	_				
		<u> </u>			•

	11/1/2022	
The date of each amendment(s) a date this document was signed.	adoption:	if other than the
	1/2022	
Effective date if applicable:	/ db 00 J	ufter amendment file date)
	(no more than 90 days i	ifter amenament file date)
Note: If the date inserted in this document's effective date on the D		atutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adaction was not required.	lopted by the incorporators, or board o	f directors without shareholder action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The numb- ufficient for approval.	er of votes cast for the amendment(s)
	proved by the shareholders through ver each voting group entitled to vote seq	
"The number of votes cas	t for the amendment(s) was/were suffi	cient for approval
by		··
	(voting group)	
11/29/22 Dated		
	1/1/2	
Signature 12	WW/ 2	l'anna an Grand I
	lirector, president or other officer – if ed, by an incorporator – if in the hands	
	nted fiduciary by that fiduciary)	
	Michael Beaver	
	(Typed or printed name o	f person signing)
	Chief Financial Officer	
	(Title of person signing)	