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SECRETARY OF STATE
AND AHASSEE, FLORIDA

N. Culligan MAY 3 0 20121

COVER LETTER

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TO: Registration Section Division of Corporations
SUBJECT: Millionaires Lane Only, LLC
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Euronda Jebora Elan -Barne-H
Millionaires Lane Only, LLC Firm/Company
159 NE 544 St. Suite 3 = 4 #1/10
Miami, Florada 33/37 City/State and Zip Code
E-mail address: (to be used for future innual report notification)
For further information concerning this matter, please call:
Euronda T. Elam - Barnl H at (186) 955-5705 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is enclosed)}

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

 \mathbf{OF}

FILED

Millionaires L (Name of the Limited Liability C	ompany as it now appears in the Liability Company	12 MAY 29 PM 3: 59 ON OUR PECONDAY AHASSEE EL ORIDA
The Articles of Organization for this Limited Liability Con Florida document number 110000996	, , , ,	$\frac{\sqrt{25/2011}}{25}$ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company	y," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES	ssi Suite Miami,	3:4 #1110 Florida 33137
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register registered agent and/or the new registered office address	ed office address on ou ss here:	r records, enter the name of the new
Name of New Registered Agent:		<u>_</u>
New Registered Office Address:	Ente	r Florida street address
	0:	, Florida
	City	Zip Code

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 608, 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

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Address Type of Action** Title Name Zauzou Chykes Add Remove ☐ Add Remove ☐ Add ☐ Remove Add Remove ∏Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00