

## Florida Department of State Division of Corporations

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(((H11000200085 3)))



H110002000853ABCR

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AUG 1 0 2011

**EXAMINER** 

ARTICLES OF AMENDMENT (((H11000200085 3)))

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| MILLIONA                                                                                                                                                                                        | IRE II, LLC                                 |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (Name of the Limited Liability Comps<br>(A Florida Limited                                                                                                                                      | iny as it now appears<br>Liability Company) | on our records.)             | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| The Articles of Organization for this Limited Liability Company                                                                                                                                 | were filed on                               | 08/14/2008                   | _ and assigned                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Florida document numberL08000078117                                                                                                                                                             |                                             |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| This amendment is submitted to amend the following:                                                                                                                                             |                                             |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| A. If amending name, enter the new name of the limited lial                                                                                                                                     | oility company here                         | ;                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| The new name must be distinguishable and end with the words "Lim"L.L.C."                                                                                                                        | ited Liability Compan                       | y," the designation "LL      | C" or the abbreviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Enter new principal offices address, if applicable:                                                                                                                                             |                                             |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| (Principal office address MUST BE A STREET ADDRESS)                                                                                                                                             |                                             |                              | <u></u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                 |                                             |                              | The state of the s |
| <b></b>                                                                                                                                                                                         |                                             |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Enter new mailing address, if applicable:                                                                                                                                                       |                                             |                              | C) 2 Hand                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| (Mailing address MAY BE A POST OFFICE BOX)                                                                                                                                                      |                                             |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                 |                                             |                              | 70 25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her                                                                          | ffice address on ou<br>e:                   | ır records, <u>enter the</u> | 27.<br>17.<br>17.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Name of New Registered Agent:                                                                                                                                                                   |                                             |                              | <b>1</b> > **                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| New Registered Office Address:                                                                                                                                                                  |                                             |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Test inglessing Office (during)                                                                                                                                                                 | Ente                                        | r Florida street addre       | 5\$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                 | , Florida                                   |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                 | City                                        | ,                            | Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| New Registered Agent's Signature, if changing Registered Agent:                                                                                                                                 |                                             |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| I hereby accept the appointment as registered agent and agr<br>the provisions of all statutes relative to the proper and comp<br>accept the obligations of my position as registered agent as p | lete performance of                         | f my duties, and I am        | familiar with and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

If Changing Registered Agent, Signature of New Registered Agent

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.

| ((H11000200085 3))) If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: |             |                                                          |                |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------|----------------|--|--|--|--|
| MGR = Manager MGRM = Managing Member                                                                                                                                                            |             |                                                          |                |  |  |  |  |
| Title                                                                                                                                                                                           | Name        | Address                                                  | Type of Action |  |  |  |  |
| MGR                                                                                                                                                                                             | CHARLES SIM | 5975 N. FEDERAL HIGHWAY UNIT 115 FT. LAUDERDALE FL 33308 | Add  Remove    |  |  |  |  |

|             | ,                                     | FT_LAUDERDALE_FL_33308                                          |                                       |
|-------------|---------------------------------------|-----------------------------------------------------------------|---------------------------------------|
| MGR         | TEERA JIRIYASIN                       | 5975 N. FEDERAL HIGHWAY<br>LINIT 115<br>ET. LAUDERDALE FL 33308 | Add Remove                            |
|             |                                       |                                                                 | Add Remove                            |
|             |                                       |                                                                 | Add Remove                            |
|             |                                       |                                                                 | Add<br>Remove                         |
|             |                                       |                                                                 | Add<br>Remove                         |
| D. If amend | ling any other information, enter cha | nge(s) here: (Attach additional sheets, if necessary            | 1 S -                                 |
|             |                                       |                                                                 | AUG-9                                 |
|             |                                       | ORID                                                            |                                       |
| Dated       | AUGUST 9                              | 2011                                                            |                                       |
|             | Signature of a memi                   | ocr or authorized representative of a member                    | · · · · · · · · · · · · · · · · · · · |
|             |                                       | CHARLES SIM                                                     |                                       |

Typed or printed name of signee

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