## L10000007382

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone.#)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
MAR -2 2010				
EXAMINER				
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SECRETARY OF STATE

## · COVER LETTER

TO: Registration Division of C		\$ 1	•		
SUBJECT:	Millionaire P	izza Concepts, LLC.			
	Name of Lim	ited Liability Company			
	of Amendment and fee(s) are su	<u>-</u>			
Please return all corres	spondence concerning this matte	r to the following:			
Mi		Michael J. Depasquale Jr. Name of Person			
	Million	naire Pizza Concepts, LLC.		<u> </u>	
	501			010 M	<del></del>
		5 State Rd.16 Suite 103  Address		R-	-
		Augustine, Florida 32084 City/State and Zip Code		2010 MAR - I PM 4: 10 SEGRETARY OF STATE ALLAHASSEE, FLORIDA	FILED
	niç E-mail address: (	ghtlifevip1@gmail.com to be used for future annual report notifica	VORS		
For further information	concerning this matter, please of	eall:			
	J. DePasquale Jr.		77-3258		
Name	e of Person	Area Code & Daytime T	'elephone Number		
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
MAILING ADDRESS:		STREET/COURIE	ADDDFSS:		

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Millionaire Pizz	a Concepts, I	LC.	
(Name of the Limited Liability Com (A Florida Limite	<b>pany as it now app</b> o d Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liability Compa			and assigned
	iny were fried on _	<u> </u>	and assigned
Florida document numberL1000007382			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited li</u>	ability company h	ere:	
The new name must be distinguishable and end with the words "Li"L.L.C."	imited Liability Com	pany," the designation "LL	
E.E.C.		<u></u>	201
Enter new principal offices address, if applicable:		<u></u>	2010 HAR
(Principal office address MUST BE A STREET ADDRESS)		70	
		SON SON	<u> </u>
		چر نے چران	≅ <u>m</u>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>		
muning united MATT BE IT FOST OF FICE BOTH		3	
	_ <del></del>		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered	office address on	our records, enter the	name of the new
registered agent and/or the new registered office address h	ere:		
Name of New Registered Agent:			
New Registered Office Address:			
	i	Enter Florida street addre	SS
		, Florida	
<del></del>	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 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 Type of Action **Address** <u>Title</u> Name 1 Hala Houdali MGRM 525 State Rd. 16 Suite 103 ✓ Add St Augustine, Florida 32084 Remove ☐ Add Remove Add 🔲 Remove ☐ Add Remove 2010 Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) February 26 Dated \_\_\_\_\_ Signature of a member or authorized representative of a member Michael J. DePasquale Jr. Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00