

L10000007382

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TALLAHASSEE, FLORIDA

J. BRYAN

FEB -8 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Millionaire Pizza Concepts, 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:

Michael J. DePasquale Jr.
Name of Person
Millionaire Pizza Concepts, LLC
Firm/Company
845 NW 6th Ave Ft. Lauderdale, Florida 33311
Address
Ft. Lauderdale, Florida 33311
City/State and Zip Code
nightlifevip@gmail.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Michael J. DePasquale Jr. at 305.877.3238
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee
☐ \$30.00 Filing Fee & Certificate of Status
☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
☐ \$60.00 Filing Fee, Certificate of Status & 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
OF**

Millionaire Pizza Concepts, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/21/2010 and assigned

Florida document number L10000007382

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Millionaire Pizza Group, LLC.

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

845 NW 6th Ave
Ft. Lauderdale, Florida
33311

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

845 NW 6th Ave
Ft. Lauderdale, Florida
33311

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 here:

Name of New Registered Agent:

Michael J. Delasquale Jr.

New Registered Office Address:

845 NW 6th Ave
Ft. Lauderdale, Florida 33311
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.

Michael J. Delasquale Jr.
If Changing Registered Agent, Signature of New Registered Agent

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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------|------------------------------|--|
| MGRM | Hala Houdali | 525 State Rd 16 | <input type="checkbox"/> Add |
| | | St. Augustine, Florida 32084 | <input checked="" type="checkbox"/> Remove |
| MGR | Krista M. Smith | 1458 Ocean Dr. | <input type="checkbox"/> Add |
| | | Miami Beach, Florida 33139 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated

October 3, 2010

Michael J. DePasquale Jr.

Signature of a member or authorized representative of a member

Michael J. DePasquale Jr.

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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