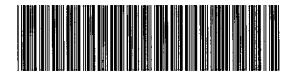
## L12000062231

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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

TO:

Registration Section **Division of Corporations** 

Millionaire Minds Global, 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:

Alejandro Vilarello

Alejandro Vilarello, PA

16400 NW 59 Avenue

Miami Lakes, FL, 33014

City/State and Zip Code

avlaw@vilarello.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alejandro Vilarello

 $at \underbrace{(305)}_{Area\ Code} \underbrace{824\text{-}5665\ x\text{:}148}_{Daytime\ Telephone\ Number}$ 

Name of Person

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 Minds Global, LLC		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number <u>L12000062231</u> .	were filed on 05/08/2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
apt606, LLC		
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	16400 NW 59th Avenue	
(Principal office address MUST BE A STREET ADDRESS)	al office address MUST BE A STREET ADDRESS) 2nd Floor	
	Miami Lakes, FL 33014	
Enter new mailing address, if applicable:	16400 NW 59th Avenue	
(Mailing address MAY BE A POST OFFICE BOX)	2nd Floor	
•	Miami Lakes, FL 33014	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:		the name of the new
New Registered Office Address.	Enter Florida street address	
Non-Device and Associated Science in Device and Associated Science in Contract Contr	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	- (	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	ree to act in this capacity. I further ago performance of my duties, and I am f	ree to comply with the Camiliar 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.

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = . M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			_ □ Add
			Remove
			☐ Add
			□ Remove
			Remove
			Remove
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anie	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.
,	
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_	
_	
The effe	ve date, if other than the date of filing:
Dated .	June 5th 2014
	. /////
	Signature of a member or authorized pepresentative of a member

Page 3 of 3

Filing Fee: \$25.00

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