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COVER LETTER

| TO: | Registration Sec Division of Corp | | | |
|----------------|--------------------------------------|--|---|--|
| SUBJE | Maximum | Level Investments, LL | С | |
| JUDUI | | Name of Limit | ted Liability Company | |
| The en | closed Articles of A | Amendment and fee(s) are subn | nitted for filing. | |
| Please | return all correspor | ndence concerning this matter t | o the following: | |
| | | Lindsay Miller | | |
| | | | Name of Person | · ···· |
| | | Linder Law Group | | |
| | | | Firm/Company | <u> </u> |
| | | 1111 Brickell Ave Su | ite 2200 | |
| | | | Address | |
| | | Miami, FL 33131 | | |
| | | | City/State and Zip Code | |
| | | Lindsay@linderlawgro | - | |
| | | · | o be used for future annual report notifica | ation) |
| For fur | ther information co | oncerning this matter, please ca | 11: | |
| Linds | ay Miller | | 305 717-7100 | |
| | Name of | Person | Area Code Daytime T | elephone Number |
| Enclos | ed is a check for th | e following amount: | | |
| □ \$ 2: | 5.00 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

| waximum Level investments, LLC | | |
|---|---|---------------------------------|
| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our records Liability Company) | <u>8.</u>) |
| The Articles of Organization for this Limited Liability Company Florida document number L13000151065 | were filed on 10/28/2013 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| Wealth Attraction Academy, LLC | | |
| The new name must be distinguishable and end with the words "Limited Liab | ility Company," the designation "LLC | C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | = |
| Principal office address MUST BE A STREET ADDRESS) | | ALL ALL |
| | | AR O |
| | | ARY ASSE |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | F-STATE SO |
| | | 50 RED. |
| 3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | | , enter the name of the n |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | i |
| | | orida |
| | 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 605, 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 Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| amending any other information, enter c | hange(s) here: (Attach additional sheets, if necessary |
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| ective date, if other than the date of filing effective date must be specific, cannot be prior to date this document is filed by the Florida Departmen | tte of receipt or filed date and cannot be more than 90 days after |
| November 7 | 2014 |
| Omn Sanfelija | member or authorized representative of a member |
| Ann Sanfelippo , MGR | member or authorized representative of a member |
| | Typed or printed name of signee |

SECRETARY OF STATE

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Filing Fee: \$25.00