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Office Use Only



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COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: MILLIONA	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	LOVETTE DOBSON		
		Name of Person	
		Firm/Company	
	17350 STATE HWY 249 S		
		Address	
	HOUSTON, TX 77064		<u> </u>
	EEU E1224 OINGEILE CO	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	fication)
For further information of	oncerning this matter, please co		,
	v.,	888 462-3453	
LOVETTE DOBSON		at ()	
Name o	f Person	Area Code Daytim	e Telephone (Number
Enclosed is a check for the	ne 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 Address: Registration Second Division of Coron The Centre of Tallahassee, FL	porations Callahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

親(SEP 17 PH 5-21 MILLIONAIRE MOTORS CLUB 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 01/07/2021 and assigned Florida document number _____L21000020753 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 1110 Brickell Ave Suite 430 Enter new principal offices address, if applicable: Miami, FL 33131 (Principal office address MUST BE A STREET ADDRESS) 1110 Brickell Ave Suite 430 Enter new mailing address, if applicable: Miami, FL 33131 (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address _, Florida __ City

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address Inc.	Type of Action
AMBR	Frankie King	1110 Brickell Ave Suite 430	□Add
		Miami, FL 33131	□Remove
			\(\begin{align*} \begin{align*} \left(\text{Change} \)
			□Add
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ffective date, if other than the date of the an effective date is listed, the date must be specificate: If the date inserted in this block does a parametr's effective date on the Department.	ic and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 not meet the applicable statutory filing requirements, this date will not be listed as
record specifies a delayed effective date, bu is filed.	at not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	2021 70 a member or authorized representative of a member
10:01/11	1/1 -a