## 106000087408

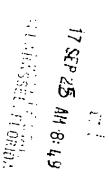
(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SEP 2 2017 Y SULKER CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

AGGOVENT NO TORROSCOS		
ACCOUNT NO. : I2000000195		
REFERENCE : 833119 5174517		
AUTHORIZATION : COST LIMIT : \$ 25.00	D	
COST LIMIT : \$ 25.00		, 
ORDER DATE : September 25, 2017		
ORDER TIME : 10:25 AM		
ORDER NO. : 833119-005		
CUSTOMER NO: 5174517	.: :- :::::::::::::::::::::::::::::::::	17 955
DOMESTIC AMENDMENT FILING		25 AM 8
NAME: MADIMAX, LLC		6. 4.3
EFFECTIVE DATE:		
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION		
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:		
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING		

EXAMINER'S INITIALS:

CONTACT PERSON: Melissa Zender -- EXT# 62956

## **COVER LETTER**

TO:				
cumar		X, LLC		
SUBJE	Cr;	Name of Lim	ited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for tiling.  Please return all correspondence concerning this matter to the following:    Rebecca Califf				
Please r	eturn all correspe	ondence concerning this matter	to the following:	
		Rebecca Califf		
			Name of Person	
Firm/Company  123 Nighthawk Avenue  Address  Plantation, Florida 33324  City/State and Zip Code rakefl@aol.com	<del></del>	Firm/Company		
	City/State and Zip Code			
			· ,	
		E-mail address: (	to be used for future annual report notif	ication)
For furt	her information c	oncerning this matter, please co	ull;	
Rebecc	a Califf		954 478452	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	ne following amount:		
<b>■ \$</b> 25	.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:

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

MADIMAX, LLC			
(Name of the Lim	ited Limbility Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited I Florida document number 1.06000087408	Liability Company	were filed on September 6, 2006	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liab	oility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity 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)		123 Nighthawk Avenue	
		Plantation, Florida 33324	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	E BOX)	123 Nighthawk Avenue Plantation, Florida 33324	
B. If amending the registered agent and registered agent and/or the new registered of	office address her	<u>e</u> :	er the name of the ne
Name of New Registered Agent:	Rebecca Califf		
New Registered Office Address:	123 Nighthawk	: Avenue  Enter Florida street address	<u> </u>
	Plantation		33324
	<del></del>	Uity:	Zin 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 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>	Name	Address	Type of Action
Manager	Charles Brumer	10742 Zurich Street	
		Cooper City, Florida 33026	■ Remove
			☐ Change
Manager	Linda Brumer	10742 Zurich Street	D Add
		Cooper City, Florida 33026	■ Remove
			☐ Change
			□ Add
			☐ Remove
			Change:
			SEP 28 Remarks B. Charge
			CONTED Charge
			☐ Remove
			□ Change
***			AdJ
			☐ Remove
			☐ Change

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Effective	date, if other than the date of filing:	al)	
Note: If	he date inserted in this block does not meet the applicable statutory filing requirements, this d	ing.) Puisuani to: ate will not be l	hos.0207 listed as
uocumen	s effective date on the Department of State's records.		
	d specifies a delayed effective date, but not an effective time, at 12:01 a.r th day after the record is filed.	n. on the ea	rlier of
	september w 2017.		
Dated			
Dated	Signature of a member or authorized representative of a member		

Page 3 of 3

Filing Fee: \$25.00