L15000 208157

(Req	uestor's Name)	
(Add	ress)	
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COVER LETTER

TO: Registration S Division of Co				
Servimax SUBJECT:	Florida LLC			
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	Jesus Rincon			
		Name of Person		
		Firm/Company		
	1211 Fairlake Trace, # 140		·	
	Waster El 22226	Address		
	Weston, FL 33326	City/State and Zip Code		
	servimaxfl@gmail.com	to be used for future annual report notific	etion)	
For further information	concerning this matter, please co	•	AND HAS SEE	216 JUN 24 P
Jesus Rincon		954 860-4792 at ()		70
Name	of Person	Area Code Daytime	Telephone Number 2,	_12: 1.2
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 Fe Certificate of S Certified Copy (additional copy is	status &
⋊ MAII	LING ADDRESS:	STREET/COURIE	R 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

Servimax Florida LLC			
(Name of the Limi	ted Liability Compa (A Florida Limited l	ny as it now appears on our rec Liability Company)	ords.)
The Articles of Organization for this Limited L Florida document number L15000208157	iability Company	were filed on 12/15/15	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "I	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		1211 Fairlake Trace, #1407	7
		Weston, FL 33326	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and registered agent and/or the new registered of	or registered of	ffice address on our reco	ords, enter the frame of the new
Name of New Registered Agent:	Jesus Rincon		
New Registered Office Address:	1211 Fairlake	Ггасе, #1407	
e., Mog.sie.ed, Office / Iddiess.		Enter Florida street add	dress
	Weston		, Florida 33326
		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 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	Type of Action
MGR	Jesus Rincon	1211 Fairlake Trace, #1407	Add
		Weston, FL 33326	Remove
			Change
MGR	Lilibeth Gomez	1211 Fairlake Trace, #1407	Add
		Weston, FL 33326	Remove
			Change
MGR Liliana Licata	17315 Collins Ave, #2107		
		Sunny Isles, FL 33160	■ Remove
			□ Change
MGR Diego Morgante	17315 Colllins Ave, #2107	Add	
		Sunny Isles, FL 33160	A Remove
		Change SEE	
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fective date, if other than the date of	filing:				otional)		
n effective date is listed, the date must be speci te: If the date inserted in this block does	fic and cannot be not meet the a	e prior to date o applicable sta	of filing or more tutory filing r	than 90 days a equirements,	fter tiling.) this date) Pursuant will not	to 605.0 be listed
cument's effective date on the Departmen	it of State's rec	cords.		•			
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record specifies a delayed effect The 90th day after the record is f	ive date, bu iled.	it not an e	ffective tim	e, at 12:0	1 a.m. (on the	earlie
June 18	2016						
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00