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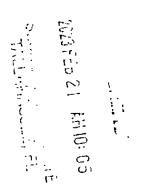
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: Max Wood 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:	
Jose Maximo DaSilva Neto Name of Person	
Maxwood LLC Firm/Company	De la
15097 Tangelo Blvd	Wister 21 ANIO: 05 Section Minister FL
West Palm Beach, FL 33412 City/State and Zip Code	EM IO: 0
Josemaximo @ jota Max. Com E-mail address: (to be used for future annual report notification)	11.
For further information concerning this matter, please call:	
Jose M. DaSilva Nt to at 203, 895-1181 Name of Person Name of Person Name of Person	
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified (e of Status &
Mailing Address: Pagistration Section Pagistration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Lia	ability Company as it now as	ppears on our records.)	
The Articles of Organization for this Limited Liabilit	y Company were filed or	•	3 and assigned
This amendment is submitted to amend the following	g :		
A. If amending name, enter the new name of the l	limited liability compar	ny here:	·
The new name must be distinguishable and contain the words "	Limited Liability Company,"	the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DDRESS)		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>		2
B. If amending the registered agent and/or registe		our records, enter the	name of the new registered
agent and/or the new registered office address her	<u>:e</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
	Ente	r Florida street address	
	C:-	, Florida	a Ziv Code
Naw Danistanad Ament's Claustone If should be to	City		ар Сопе
New Registered Agent's Signature, if changing Regist	eren wasnin		

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 Title **Address Type of Action** Name MGR Ana Maza West Palm Beachtl & Remove 33412 _ Change AMBR Jos Maximo DASILVA NECO. 15099 TangeloBlud XANDA □Change □Add Remove □ Change □Add □Remove □ Change □Add □Remove

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record specifies	a delayed effective da	ate, but not a	n effective t	ime, at 12:01	a.m. on the ea	arlier of: (b)	The 901	th day after	er th
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Filing Fee: \$25.00