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COVER LETTER

SUBJECT: Max upmize All the Way, M.R.S., 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:
Langston G. Menefee Sr., Ph.D. Name of Person
Maxumize All the Way, MR. S., LLC
944 Old Mail Ln. Address
Sanford, F1-32007 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Candine Menetee at (40%) 3220607 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S25.00 Filing Fee & S60.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

Division of Corporations

TO:

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

Maxumize All	The Way M.R. S. LLC Liability Company as it now appears of our records.) Florida Limited Liability Company)			
·	oility Company were filed on <u>May 14, 20</u>	<u>2/8</u> and as:	signec	Ŀ
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of th	he limited liability company here:			
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the al	bbreviation "L	L.C."	
Enter new principal offices address, if applicab	le:			
(Principal office address MUST BE A STREET A	ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	DX)			
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, <u>enter</u> e <u>address here</u> :	the name	NYF BILLE	ne new
Name of New Registered Agent:			<u>3</u> _	
New Registered Office Address:		13 11	D Ext	
	Enter Florida street address		ب ي 	
	, Florida	- Ci,	ଭା	
	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 = Man AMBR = Aut	nager horized Member		
<u>Title</u>	Name	Address	Type of Action
<u>AMB</u> R	David Riggins	370 Plum Dr.	□ Add
		370 Plum Dr. Orange City, Fl. 32263	Remove
			Change
			Add
			Remove
			Change
			🗆 Add
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_ Change

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Signature of a member or authorized representative of a member	Dated	1-10-2019	
Signature of a member or authorized representative of a member			
$M \cap M$		Signature of a member or authorized representative of a member	-
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