102000019484

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
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19 JUL -8 PH 7: 08

JUL 1 8 2019 S. YOUNG Fwd: Legally Mine - Maxmat, LLC

From: ANDREW SCHMER (drschmer@aol.com)

To. evilchez@hialeahwellness.com

Date: Friday, July 5, 2019, 10:25 AM EDT

Sent from my iPhone

Begin forwarded message:

From: Nikky Heard <nikky@legallymineusa.com>

Date: July 3, 2019 at 5:41:57 PM EDT

To: ANDREW SCHMER drschmer@aol.com>, lschmer2006@aol.com

Subject:Legally Mine - Maxmat, LLC

Dr. and Mrs. Schmer

Attached is the paper filing as requested to amend the ownership of Maxmat, LLC to be solely owned by your Asset Management, LLC. Please review the attached filing, sign and date where highlighted, and mail all 4 pages to:

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

Be sure to include a check payable to "Florida Department of State" for the \$25.00 filing fee.

If you have any questions, you can contact me at nikky@legallymineusa.com or (800) 375-2453.

Thank you.

Nikky Heard Entity Creation Specialist





Maxmat, LLC - FL Change of Ownership Filing - Client.pdf 251.3kB

COVER LETTER

TO:

Registration Section

Division of C	Corporations		
	AT, LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Andrew Schmer		
		Name of Person	
	The guard Management, I	.I.C	
		Firm/Company	
	280 Vistalmar St		
		Address	
	Coral Gables, Florida 331		
	drschmer@aol.com	City/State and Zip Code	
	-	to be used for future annual report not	ification)
For further informatio	n concerning this matter, please c	all:	
Nikky Heard at Legally Mine		800 375-2453	
Nam	e of Person		ne Telephone Number
Enclosed is a check fo	r 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
✓ Reg Divi P.O.	ILING ADDRESS: istration Section sion of Corporations Box 6327 ahassee, FL 32314	STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAXMAT, LLC		
(Name of the Limited Liability C (A Florida Lia	ompany as it now appears on our record nited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Com	pany were filed on 07/31/2002	and assigned
Florida document number 1.02000019484		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l 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."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	24. B
		Fig 4 m
		芸に
Enter new mailing address, if applicable:		Service to In
(Mailing address MAY BE A POST OFFICE BOX)	**	20
		67.0
		000
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	ed office address on our records s here:	, enter the name of the ne
Name of New Registered Agent:		<u>-</u>
New Registered Office Address:		
	Enter Florida street address	
		rida
	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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Andrew Schmer	1991 West 60 Street	
		Hialeah, Florida 33012	■ Remove
			Change
AMBR	The guard Management, LLC	200 W. 34th Ave. #977	■ Add
		Anchorage, Alaska 99503	□ Remove
			Change
	***************************************		Add
			П Remove
			□ Change
			☐ Remove
			Change
			Remove
			☐ Change
	 _		\D\ \Add
			☐ Remove
			Change

- '	ata as they deem advisable. If the members make non-pro-rata distributions, those
shall be taken into account in re	e-calculating each member's capital account (and/or drawing account)
at the end of the LLC's fiscal ye	ear.
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ective date, if other than the date offective date is listed, the date must be: If the date inserted in this blocument's effective date on the Department.	date of filing:
	effective date, but not an effective time, at 12:01 a.m. on the earlier of:
record specifies a delayed e he 90th day after the recor	
he 90th day after the recor	rd is filed.
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Page 3 of 3

Filing Fee: \$25.00