L06000007372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/28/13--01011--001 **30.00

J. SAULSBERRY
EXAMINER

SEP 3 2013

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Max Mar 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:

Audrey Watkins
Name of Person

Max Mar LLC
Firm/Company

15723 NW 81 Court
Address

Miami Lakes, FL 33016
City/State and Zip Code

awatkin3@yahoo.com
E-mail address: (to be used for future annual report notification)

2013 AUG 28 AM 8:32

For further information concerning this matter, please call:

Camille Watkins at (786) 457 8955
Name of Person Area Code & Daytime Telephone Number

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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
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

MAX MAR LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 1/20/2006 and assigned Florida document number L06000007372

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MAX MAR LLC

The new name must be distinguishable and end with 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 ADDRESS)

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

2013 AUG 28 AM 8:32

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: CHARLES WATKINS

New Registered Office Address: 25 W FLAGLER ST. PENTHOUSE
Enter Florida street address

Miami, **Florida** 33130
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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
PRESIDENT	CHARLES WATKINS	15723 NW 81 COURT MIAMI LAKES, FL 33016	☐ Add ☑ Remove
PRESIDENT	CAMILLE WATKINS	15723 NW 81 COURT MIAMI LAKES, FL 33016	☑ Add ☐ Remove
SECRETARY/ TREASURER	AUDREY WATKINS	15723 NW 81 COURT MIAMI LAKES, FL 33016	☑ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

2013 AUG 28 AM 8:32

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

OWNERSHIP of MoxMar LLC

73% AUDREY WATKINS

24% CAMILLE WATKINS

3% DEAN WATKINS

Dated August 21, 2013.

Audrey Watkins
Signature of a member or authorized representative of a member

AUDREY WATKINS
Typed or printed name of signee

Filing Fee: $25.00

2013 AUG 28 AM 8:32