## L07000091356

(F	Requestor's Name)	
(/	Address)	
(/	Address)	
(0	City/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(F	Business Entity Na	me)
(1	Document Number	)
Certified Copies	Certificate	s of Status
Special Instructions	to Filing Officer:	

Office Use Only



600242537206

12/11/12--01016--003 \*\*25.00

2012 DEC | AN II: 51

: ປົງ

C. LEWIS

DEC 1 2 2012

EXAMINER

## **COVER LETTER**

TO: Registration Section
Division of Corporations

Max Urban Millwork, 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:

Anita Chadha

Name of Person

Max Urban Millwork, LLC

Firm/Company

1301 W Copans Rd #B6

Address

Pompano Beach, FL 33064

City/State and Zip Code

anita@maxmillwork.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Anita** 

954 3288371

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

ENLED SEGRETARY OF STATE DIVISION OF CORPORATIONS

2012 DEC | | AM | |: 59

Zip Code

(Name of the Limited (A		ny as it now appea	rs on our records.)	
The Articles of Organization for this Limited Li Florida document number L0700091356	ability Company			_ and assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liab	ility company he	<u>re</u> :	
The new name must be distinguishable and end with "L.L.C."	h the words "Limi	ted Liability Compa	any," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:		1301 W Co	pans Rd #B6	
(Principal office address MUST BE A STREET ADDRESS)		Pompano Beach, FL 33064		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)			N. COPANZ NO Beach 330	•
B. If amending the registered agent and/or the new registered of			our records, <u>enter the</u>	name of the new
Name of New Registered Agent:	Steve Mill	er		
New Registered Office Address:	1321 NE 2	27 Terrace		
		Er	ter Florida street addre	SS
	Pompano	Reach	330	62

New Registered Agent's Signature, if changing Registered Agent:

May Urban Millwork LLC

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ms MGRM = 1	MGR = Manager MGRM = Managing Member					
Title .	<u>Name</u>	Address	Type of Action			
			Add			
			Remove			
	- Lung	/	Add			
	MENSIN	/	Remove			
			Add			
	<b>\)</b> \'		Remove			
<del> </del>			Add			
	<b>:.</b>		Remove			
			Add			
			Remove			
			Add			
			r			
			Remove			

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if n	ecessary.) 🔠	
		SECRETAR DIVISION OF (	-ED Y OF STATE
•		2012 DEC	onrorangy
	Thank on		Aff []: 59
	2001800		
÷	P B OST		
Dated	12/3/2012		
	Signature of a member or authorized representative of a member		
	Typed or printed name of signee		_

Page 3 of 3

Filing Fee: \$25.00