0600028058

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
J. HORNE FEB - 6 2025			



FILED 2025 FEB - 5 AH 10: 21

WHEDELVED 2025 FEB - 5 PH 3: 27 2021 - 1

Office Use Only

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE ____02/05/2025

WALK IN

ENTITY NAME BRINGMASTER LLC

DOCUMENT NUMBER_____

PLEASE FILE THE ATTACHED AND RETURN

Plain Copy Certified Copy Certificate of Statas

PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY

Certified Copy of Arts & Amendments Certified Copy of Arts & Amendments Complete File (Including Annual Reports) Certificate of Status Certificate of Status Reflecting:

**APOSTILLE' / NOTARIAL CERTIFICATION **

COUNTRY OF DESTINATION______ NUMBER OF CERTIFICATES REQUESTED

TOTAL OWED <u>\$</u>25.00

ACCOUNT # 120160000072

wie DW

Please call Tina at the above number for any issues or concerns. Thank you so much!

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

ARTICLES OF AMENDME	ENT 20 A
ТО	25 pm 11/1 m
ARTICLES OF ORGANIZAT	FION CONTRACTOR
OF	de la
	D.
BRINGMASTER LLC	States CI
(<u>Name of the Limited Liability Company as it now appear</u> (A Florida Limited Liability Company)	CNT TION Son our records.)
The Articles of Organization for this Limited Liability Company were filed on MA	ARCH 18, 2008 and assigned
Florida document number L08000028058	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company he	<u>:re</u> :
MAXX SERVICES USA, LLC	
The new name must be distinguishable and contain the words "Limited Liability Company." the distinguishable and contain the words "Limited Liability Company."	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices eddeses if an elischie	
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)	
B. If amending the registered agent and/or registered office address on our re agent and/or the new registered office address here:	ecords, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	ida street address
	. Florida
City	Zip Code

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

, ·

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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

<u>Title</u>	<u>Name</u>	Address	<u>Type of Action</u>
CEO	RYSER, CHRISTIAN	3320 NW 67TH AVE.	🗆 Add
		SUITE 900	Remove
		MIAMI, FL 33122	□Change
MGR	SABO, DMITRIY	3320 NW 67TH AVE.	■Add
		SUITE 900	
		MIAMI, FL 33122	
			ƏAdd
			🗆 Remove
			Change
			🗆 Add
			□Remove
			□Change
	<u> </u>		🗆 Add
			🗆 Remove
			□Change
			🗆 Add
			🗆 Remove
			🗆 Change

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

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated FEBRUARY 3 -7 2025	
INALLA	
Signature of a member	or authorized representative of a member
BRYAN M. BROOKS, MANAGER; GRZE	GCRZ HINC, MANAGER
Typed	or winted name of signee