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SECRETARY OF STATE
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EXAMINER
JAN 1 3 2011

COVER LETTER

TO: , Registration Division of	on Section Corporations		٧
CUBIECT.	Russe	ell Irizarry LLC	
SUBJECT:		ited Liability Company	
The enclosed Article	es of Amendment and fee(s) are su	bmitted for filing.	
Please return all corr	respondence concerning this matte	r to the following:	
		Russell Irizarry	
		Name of Person	
		Firm/Company	.
	5	5151 Collins Ave #521	
		Address	•
	N	Niami Beach, FL 33140 City/State and Zip Code	
	is	hortsalefl@gmail.com (to be used for future annual report notification	
For further informat	E-mail address: (on concerning this matter, please		n)
	Russell Irizarry	at (_786 _{.)} 877	'-7777
Na	me of Person	Area Code & Daytime Tel	ephone 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)
Re Di P.G	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	s ·

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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SECONALL	55

		\$0.00	HIT II: 55
·	Russell Irizarry LLC	IMIA	SHARY OF STAR
(Name of the Limite	ed Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.) '- "	ELARY OF SLAVE
·	(AT Forda Emmed Eldermy Company)		
The Articles of Organization for this Limited	Liability Company were filed on	5/26/2009	and assigned
Florida document number L090000	50607		
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability company her	<u>·e</u> :	
	Maximus D Meridius LLC		
The new name must be distinguishable and end v "L.L.C."	with the words "Limited Liability Compa	any," the designation "I	LC" or the abbreviation
Enter new principal offices address, if appl	icable:		
(Principal office address MUST BE A STRE	EET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICI	E BOX)		
B. If amending the registered agent and	l/or registered office address on (our records, <u>enter t</u>	he name of the nev
registered agent and/or the new registered	office address here:		
Name of New Registered Agent:			
New Registered Office Address:			
	En	ter Florida street add	ress
		, Florida	
	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 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>:

	Name	<u>Address</u>	Type of Actio
			□ Domouo
			Add Remove
			T Damova
<u></u>	<u> </u>		□ D
If amen	ding any other information, er	iter change(s) here: (Attach additional shee	ts, if necessary.)
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