109000050607

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
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DIVISION OF CORPORATION

T. HAMPTON

JAN - 9 2012

EXAMINER

COVER LETTER

TO:	Registration S Division of Co	ection rporations		
SUBJE	·CT·	Maximus	D. Meridius LLC	
SUBJE	<u>.</u>	Name of Limi	ted Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please 1	return all corresp	ondence concerning this matter	to the following:	
			Russell Irizarry	
			Name of Person	
			Firm/Company	
		5	151 Collins Ave #521 Address	
		M	iami Beach, FL 33140	
			City/State and Zip Code	
		ish E-mail address: (1	ortsaleFL@gmail.com	fication)
For fur	ther information	concerning this matter, please c	all:	
		luss Irizarry	at (786)	877-7777 ne Telephone Number
	Name	of Person	Area Code & Daytin	ie Telephone Numbel
Enclose	ed is a check for t	the following amount:		
₽ \$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regist Divisi P.O. E	ING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 32	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

12 JAN -6 PM 3: 28

Maxim	ius D Meridius LLC	
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appea a Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Liability Florida document number L0900050607	Company were filed on	5/26/2009 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company her	<u>re</u> :
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Compa	any," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	En	ter Florida street address
	<u> </u>	, Florida Zip Code
	City	zip Coae

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

Russell Irizarry	5151 Collins Ave #521 Miami Beach, FL 33140	Add ☑ Remove
Klaudia Szabo	5151 Collins Ave #521 Miami Beach, FL 33140	☑ Add ☐ Remove
		Add Remove
		Add Remove
]Add Remove
		Add Remove
ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF STATE STORE SECRETARY OF STATE STAT
X Discoult Company	X State Whate	
	Klaudia Szabo ding any other information, enter chan	Miami Beach, FL 33140 Klaudia Szabo 5151 Collins Ave #521 Miami Beach, FL 33140 ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 2 of 2

Filing Fee: \$25.00