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SECRETARY OF STATE ALLAHASSEF, FLORIDA

TILED

COVER LETTER

TO: Registration S Division of Co	ection prporations				
SUBJECT:	Just Say M	lax Holdings, LLC.			
		ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
		•			
		Ruben Oliva			
		Name of Person			
		Rojas & Oliva P.A.			
		Firm/Company			
,		Address	<u> </u>		
	Per	Pembroke Pines, FL 33027			
		City/State and Zip Code	 		
		ruben@rojasoliva.com E-mail address: (to be used for future annual report notification)			
	E-mail address: (to be used for future annual report notifica	ation)		
For further information	concerning this matter, please of	call:			
Ca	arla Machado	at (305) 3	73-6868		
Name of Person		at (305) 3 Area Code & Daytime	Telephone Number		
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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

(Name of the Limited Liability	Max Holdings, LLC Company as it now appear Limited Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability C Florida document number L09000064436	Company were filed on	7/02/2009	and assign	ned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the lim	ited liability company here	<u>2</u> :	÷	
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liability Compar	ny," the designation "Ll	LC" or the abb	reviation
Enter new principal offices address, if applicable:		•		
(Principal office address MUST BE A STREET ADDI	RESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or regist registered agent and/or the new registered office add	tered office address on or ress here:	ur records, <u>enter th</u>	$ \overrightarrow{\geq}_{\mathcal{S}} \implies$	he new
Name of New Registered Agent:			ECNET	-71
New Registered Office Address:			20 20	
	Ento	er Florida street addr , Florida	ess PH 3	
New Registered Agent's Signature, if changing Registere	City	,-	Zip Coden	-
nes Kegisteren Agent 5 Signature, it enanging Registere	u Agent;		g er	

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Carmen E.Agra-Oliva	19555 E. Country Club Drive #201 Aventura, FL 33180	Add Remove
			Remove
···········		·	Add Remove
· ·			Add
			Remove
		·	Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
D. If amen	ding any other information, e	nter change(s) here: (Attach additional sheets, if necessary.))
			
_	Sontombor 10	2012	
Dated	September 19		
	Signature o	f a member or authorized representative of a member	·
		Ruben Oliva	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00