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SECRETARY OF STATE

T. HAMPTON FEB 2 5 2010

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: Max Roter 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:					
Usenia Torres Name of Person					
Max-Rober LLC Firm/Company					
209 and Street Address					
City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Vescoia Torres at (50) 687-953  Name of Person at (50) 687-953  Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\$ \text{Certified Copy} \\ \text{(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

Max Roote	r UC			
( <u>Name of the Limited Lial</u> (A Floi	pility Company as it now appoida Limited Liability Company	ears on our records.		
The Articles of Organization for this Limited Liabil		1/29/2010	and ass	igned
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	limited liability company h	<u>ere</u> :		
The new name must be distinguishable and end with the	words "Limited Liability Con	pany," the designation "L	LC" or the a	ıbbreviatior
"L.L.C."			<u>10</u>	SEC /ISI
Enter new principal offices address, if applicable	<u> </u>			물품
(Principal office address MUST BE A STREET A	DDRESS)		21	<u> </u>
			2500	SSE SSE
			<u> </u>	SS.
Enter new mailing address, if applicable:			<u> </u>	ATI
(Mailing address MAY BE A POST OFFICE BOX	<u></u>			SXS
B. If amending the registered agent and/or r registered agent and/or the new registered office		our records, <u>enter t</u>	he name o	f the new
Name of New Registered Agent:				
New Registered Office Address:		Enter Florida street addi	*ant	
	•	ынет титий street addi	ES3	
_	C:4.	, 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 Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

MGRM = Managing Member Title Type of Action Name Address MGRM Adel Torres Remove \_\_\_Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00