# 110000083118

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\$12/11/2023

### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: MGCLMQY ENTROPISES LCC 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:
Steven Gorn Name of Person
MADMAX ENTERPRISES UC Firm/Company
17858 DEAUVILLE LN
Boca Rutur, FL 33496
City/State and Zip Code  Stevengold @ Gmail, Com  E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call:
State Code Daytime Telephone Number  State Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25,00 Filing Fee  S30,00 Filing Fee & □ \$55,00 Filing Fee & □ \$60,00 Filing Fee.  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MADMAX ENTER	Linvas it now appears on our records.) Liability Company)
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L1000083118</u> .	were filed on $8/09/300$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Styrn GORN 178 58 Deauville W Boca Parlow FL334 96
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	MADMAX ENTREPRISESUC. PD. Box 811292 Bora Puton, FL 33481
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	20
New Registered Office Address: 2300	Conposale Blyo # 135
Born	City Florida 3343 L

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 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	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
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			Change

. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe Note:	ve date, if other than the date of filing:
the record ford is fil	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 ed.
Dated _	8/14 12023
	Signature of a member or authorized representative of a member
	Typed or printed name of signee