

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H110000633613)))



H110000633613ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.				
To:	Division of Corporations	A A SSE	HM 10	
From:	Fax Number : (850)617-6383 C VESKOYSK/ Account Name : TRIPP SCOTT, P.A. Account Number : 075350000065 Phone : (954)525-7500	E, FLORIDA	MH 9: 29	J

: (954)761-8475

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Fax Number

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MAX & DANIEL, LLC

RECEIVED

IIMAR 10 AN II: 33
SECRETARY OF STATE
ALLAHASSEE, FLORIO

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

EXAMINER MAR 1 1 2011

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

11 MAR 10 AH 9: 29

SEUNI TAKY OF STATE
TALEAHASSEE, FLORIDA

MA	X & DANIEL, 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 numberL11000020377	Company were filed on	February 16, 2011 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company he	<u>re:</u>
DAN	NIEL & MAX, LLC	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Comp	any," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	ORESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or 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
		, 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 Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

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 = Ma MGRM = N	nager Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
·			Add Remove
			AddRemove
			[¹] D
			[] D
D. If amen	ding any other information	enter change(s) here: (Attach additional sheets, if neo	essary.)
	March 10	,	
		tthew Zifrony, authorized representative of a member Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00