L11000046859

(Re	equestor's Name)			
(Address)				
(Ad	ldress)	· · · · · · · · · · · · · · · · · · ·		
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate:	s of Status		
Special Instructions to Filing Officer:				
:				

Office Use Only



300211779583

09/23/11--01012--018 **25.00

FILLED

11 SEP 23 PM 12: 31

SECRETABLO STATE
ALLAMASSEE FLORMA

COVER LETTER

'TO:

	istration Sed sion of Corp				
SUBJECT:		ASSETS	MAXWELL LLC		
	Name of Limited Liability Company				
The enclosed	Articles of A	Amendment and fee(s) are sub	omitted for filing.		
Please return	ali correspoi	ndence concerning this matter	to the following:		
		VALERIE LEVY			
•			Name of Person	•	
	ASSETS MAXWELL LLC				
		Firm/Company			
		PO BOX 3855			
		Address			
		ЦЛ		1	
		HALLANDALE, FL 33008 City/State and Zip Code			
		asse	etsmaxwell@yahoo.com to be used for future annual repo	m	
				1 notification)	
For further in	formation co	ncerning this matter, please c	all:		
	Dav	id Bendavid	at (*954)	549-7263	
	Name of	of Person Area Code & Daytime Telephone Number		Paytime Telephone Number	
Enclosed is a	check for the	e following amount:			
		\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	\$60.00 Filing Fee, Certificate of Status & Closed) Certified Copy (additional copy is enclosed)	
	Registra Division P.O. Bo	NG ADDRESS: tion Section of Corporations x 6327 see, FL 32314	Registration Division of C Clifton Build	Corporations	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 11 SEP 23 PH 12: 31

ASSETS MAXWELL LLC (Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _ 04/19/2011 and assigned Florida document number ___ L11000046859 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: 4928 Windward Way Fort Lauderdale, FL 33312 (Principal office address MUST BE A STREET ADDRESS) PO BOX 3855 Enter new mailing address, if applicable: Hallandale, FL 33008 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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 **Title** <u>Name</u> <u>Address</u> **Type of Action** MGRM David Bendavid 4928 Windward Way ✓ Add Fort Lauderdale, FL 33312 Remove ☐ Add ☐ Remove ___ Add Remove ☐ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 09 20 2011 Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00

David Bendavid
Typed or printed name of signee