11000068182

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL.				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
FEB 1 9 2013 L. SELLERS				

Office Use Only



900244517929

02/14/13--01015--018 **25.00

13 FEB IL PM L: 56
SECRETARY OF STATE
RALLAHASSEE, FLORIDA

COVER LETTER

#C

TO:

Registration Section

Division of Co	orporations	Division of Corporations						
SUBJECT:	DONMAXX COMPANY LLC							
	Name of Limited Liability Company							
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.						
Please return all corresp	condence concerning this matte	r to the following:						
Name of Person								
	DONMAXX COMPANY LLC							
	Firm/Company							
	PO Box 601635							
	Address							
	N.Miami Beach, FL 33160							
	City/State and Zip Code							
	E-mail address: (bills1233@msn.com to be used for future annual report notifica	tion)					
For further information	concerning this matter, please	call:						
Gregory Bass		at (888) 481-1199						
Name	of Person	Area Code & Daytime T	elephone Number					
Enclosed is a check for	the following amount:							
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 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

	<u>ONMAXX COM</u>			
(Name of the Limite	d Liability Company A Florida Limited Liab	as it now appears of oility Company)	our records.)	
The Articles of Organization for this Limited I Florida document number L1100006		ere filed on FL	06/10/2011	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liabilit	y company here:		
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited	Liability Company,"	the designation "I	.LC" or the abbreviation
Enter new principal offices address, if appli	110 Morgan Avenue			
(Principal office address MUST BE A STRE	Brooklyn, NY 11237			
B. If amending the registered agent and registered agent and/or the new registered of New Periotecal Agent.			records, <u>enter t</u>	he name of the new
Name of New Registered Agent:				
New Registered Office Address:	16461 NE 29T		Plorida street add	ress
	N. MIA	MI BEACH	, Fiorida	33160
New Registered Agent's Signature, if changing	-	City	, Piolida	Zip Code
hereby accept the appointment as register the provisions of all statutes relative to the accept the obligations of my position as reg being filed to merely reflect a change in the	proper and complete istered agent as pro	performance of n vided for in Chapt	ny duties, and I d er 608, F.S. Or,	m familiar with and if this document is

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> **Address Type of Action MGRM Gregory Bass** PO Box 187 ☐ Add Atlantic Beach, NY 11509 Remove **MGRM Alexander Bass** PO Box 273 ☐ Add Atlantic Beach, NY 11509 **X** Remove MGRM PO Box 276 **Idel Bass** X Add Atlantic Beach, NY 11509 Remove Add Remove ∏Add Remove ___Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2013 February 3rd Dated Signature of a member or authorized representative of a member **Gregory Bass**

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00