## 111000/42325

(R	equestor's Name)	
(A	ddress)	
(Ad	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

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## COVER LETTER

	•	O VERVEETTER	4	
TO: Registration S Division of Co				
SUBJECT:	1ad Max Mana Name of Limite	gement LLC d Liability Company		
The enclosed Articles of	f Amendment and fee(s) are subn	nitted for filing.		
Please return all corresp	ondence concerning this matter t	o the following:		
	Massin	no Maffei Name of Person		
	Mad Ma	× Management Finn/Company	LIC	
		Imetto Ridge Dri		
	Napl	es FL 34// City/State and Zip Code  premierplastering be used for futury annual report notification	<u>'0                                    </u>	
	Max D E-mail address: (to	premierplastering	g.b/Z	
Phyllis	concerning this matter, please ca  Maffe  of Person	at ( <b>239</b> ) <b>348-9</b> Area Code & Daytime 1		
Enclosed is a check for	the following amount:		•	
□ \$25.00 Filing Fee	2\$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	

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mad Max Mana	agement LLC				
(Name of the Limited Liability Co (A Florida Limi	pmpany as it now appears on ou ited Liability Company)	r records.)			
The Articles of Organization for this Limited Liability Company were filed on $12/20/2011$ and assigned Florida document number $11000/42325$ .					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	l liability company here:				
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the	designation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRES	<u> </u>	<u> </u>			
	<del></del>	<u> </u>			
		29 A.S.S			
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
		HA G			
		900			
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		ords, enter the name of the new			
registered agent and/or the new registered office address	s nere.				
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Flor	rida 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

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

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Address</u> <u>Name</u> **Type of Action** 11/28 Palmetto Ridge Dr X Add

Naples FL 34/10 Remove Adriana Maffei Remove Remove Remove Add Remove

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I	July 24 . 2013.
	Signature of a member or authorized representative of a member  Massino Maffei

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Filing Fee: \$25.00