L1200064322

(Re	questor's Name)	
(Ad	dress)	ann •
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
4.	2872 v 2019	
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2013 MAY -1 PH 12-00

SECRETARY OF STATE

ALLAHASSEE F STATE

COVER LETTER

TO:

Registration Section
Division of Corporations

orun Inom

Maximum Trade, LLC

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:

Kelwin A. Cartagena

Name of Person

Maximum Trade, LLC

Firm/Company

11753 S Orange Blossom Trail Suite D

Address

Orlando, Florida 32837

City/State and Zip Code

cartagenak22@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelwin Cartagena

,,407**、267-98**09

Name of Person

Area Code & Daytime Telephone 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

2013 HAY -1 PH 12-0

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Maximum I ra			
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now app	ears on our records.)	
(A Florida Ellinoa E	audinty company		
The Articles of Organization for this Limited Liability Company	were filed on _	MAY/14/2012	and assigned
Florida document number L12000064322			
Torran document rambor			
This amendment is submitted to amend the following:			
	1114		
A. If amending name, enter the new name of the limited liab	ility company l	iere:	201
		· ·	- <u> </u>
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Con	npany," the designation "Ll	3" or the abbreviation
E.B.C.		c c	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			FS & C
			Ş .
Enter new mailing address, if applicable:	11753 S.	Orange Blossom	Trail Suite D
(Mailing address MAY BE A POST OFFICE BOX)	***************************************	Florida 32837	
Muning undress MAT BEAT OST OF TICE BOAY			
			<u> </u>
B. If amending the registered agent and/or registered of	ffice address o	n our records, enter th	ne name of the new
registered agent and/or the new registered office address her		ii out recording enter to	
Name of New Registered Agent:			
New Registered Office Address:	.,	Entar Florida street adds	4055
	Enter Florida street address		
		, Florida	
	Citv		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 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>Name</u>	Address	Type of Action
Mgr	Giovanni Reyes 2105 Jessa Drive		Add
		Kissimmee Florida 34743	Remove
			Add
			TA Bemove
			SSE
			S A Comove
			Add
			Remove
			Add
			Remove
			Add
			Remove

D. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated_	4/30/13
	Kilind
	Signature of a member or authorized representative of a member
	Kelwin A. Cartagena Kuun
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

PILED 2013 MAY -1 PM 12-00 SECRETARY OF STATE TALLAHASSEE, FLORIDA