12000080617

(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:					

Office Use Only



200237421982

07/18/12--01003--014 **25.00

SECRETARY OF STATE TALL ARMS SEE, FLORIDA

SECRETARY OF STATE

No May

Section of the sectio

T. CLINE

JUL 19 2012

EXAMINER

ĆOŔPORATE ACCESS,

"When you need ACCESS to the world"

INC.

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066)

(850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

	PIC	CK UP: 7-17-12	
	CERTIFIED COPY		
×	РНОТОСОРУ		
	CUS		
Ø	FILING	LLC Amendment	
· (C	Max it out	Investments LLC	
· (C	ORPORATE NAME AND DO	CUMENT #)	
· (C	ORPORATE NAME AND DO	CUMENT #)	SECRETATION OF THE SECRETATION O
· (C	ORPORATE NAME AND DO	CUMENT #)	ASSEE, FLO
(C	ORPORATE NAME AND DOG	CUMENT #)	STATE
(C	ORPORATE NAME AND DOG	CUMENT #)	
PECIAL IN	NSTRUCTIONS:		
			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAX IT OUT INV	<u>ESTMENTS I</u>	LLC		•
(Name of the Limited Liability Compa (A Plorida Limited)	ny as it now appea: Liability Company)	rs on our records.)		
·				
The Articles of Organization for this Limited Liability Company	were filed on	06/18/2012	and assi	gned
Florida document numberL12000080617				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility sampany ha	na.		
A. If amending name, enter the new name of the number had	ину сопрану цег			
The new name must be distinguishable and end with the words "Lim	itad I ishilita Coma	our, " the designation "I	C" on the ob	herriation
"L.L.C."	ned Liability Compa	any, the designation L	C or use an	OTEV IALION
Enter new principal offices address, if applicable:	Janice M Cul	ver C/O Eric S Sul	livan	
(Principal office address MUST BE A STREET ADDRESS)	5974 Velvet I		No.	25
[Frincipia Office address MUST DE A STREET ADDRESS]	Lakeland, FL		> 25 7 M	<u>~~~</u>
	Lakelariu, FL	. 33011	7-7	
			SSE	<u></u>
Enter new mailing address, if applicable:			מיים רדיי	
(Mailing address MAY BE A POST OFFICE BOX)				Fig.
	 		282	- 15
			3. CD (L)	J-
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>enter th</u>	e name of	the new
TERRICION ARCHO ANDIO THE NEW TERRICION OTHER ADDITION HET	<u>e</u> .			
Name of Name Parintened Accepts				
Name of New Registered Agent:		······································		
New Registered Office Address:				
	Enter 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 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 = N	lanaging Member		
<u>Title</u>	Name	Address	Type of Action
MGR	CULVER, JANICE M	601 ASHFORD PARKWAY ATLANTA GA 30338 US	Add ☑ Remove
MGR	Janice M Culver	Janice M Culver C/O Eric S Sullivan 5974 Velvet Loop Lakeland, FL 33811	Add Remove
	***************************************		Add Remove
			Add Remove
			Add Remove A_S
D. If among		(s) here: (Attach additional sheets, if necessary.)	12 July 18
——————————————————————————————————————	ning any other information, enter change	(S) Here: (Anach dadnional sneets, ij necessary.)	May 9: 27 OF STATE EE, FLORIDA
			-
Dated	July 16 , 2012	2.	_
	Janice	or authorized representative of a member M Culver, Manager	· · · · · · · · · · · · · · · · · · ·

Page 2 of 2

Filing Fee: \$25.00