L12000096280

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12 AUG -8 PM 2: 40

COVER LETTER

TO:	Registration S Division of Co				
SUBJI	cer:	Max	Wax, LLC		
3000			ited Liability Company	-	
The en	closed Articles of	f Amendment and fee(s) are sul	omitted for filing.		
Please	return all corresp	ondence concerning this matter	to the following:		
			David Preschel		
			Name of Person		
	Max Wax, LLC				
		-	Firm/Company		
		11:	23 N Oceanshore Blvd.		
	Address				
		Flo	agler Beach, FL 32136		
			City/State and Zip Code		
		E-mail address: (owerhouse@gmail.com to be used for future annual report notific	cation)	
For fur	ther information	concerning this matter, please o	-	,	
	Da	avid Preschel	at (321)	231-4488	
	Name	of Person	Area Code & Daytime	Telephone Number	
Enclose	ed 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Regist	LING ADDRESS: tration Section on of Corporations	STREET/COURING Registration Section Division of Corpora	1	

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED: 12 AUS -8 PM 2: 40

(Name of the Limited Liabili	Max Wax, LLC ty Company as it now appear a Limited Liability Company)	s on our records.)	SECRETARY OF ST TALLAHASSEE, FLO
(A Florida	a Limited Liability Company)		() LU
The Articles of Organization for this Limited Liability	Company were filed on	7/25/12	and assigned
Florida document numberL12000096280			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here	e:	
•	Wax Dat, LLC		
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Compar	ny," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADL	RESS)	<u> </u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			

B. If amending the registered agent and/or regi	stered office address on o	ur records, <u>enter</u>	the name of the new
registered agent and/or the new registered office ad	dress here:		
Name of New Registered Agent:			
New Registered Office Address:			
11011 110010101010101010101010101010101	er Florida street ad	ldress	
		, Florida	
	City	, I 101 Mu	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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = M	anaging Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
	 		Add
			Add
			Add
D. If amendi	ing any other information, enter	change(s) here: (Attach additional sheets, if necessor	ary.)
			FIL 12 ALE -8 SECIE LEW ALLAHASS
<u> </u>			PH 2: 40 SEE FLORD SEE FLORD
Dated	August 7 ,	2012	DA F
	Signature of a	member of authorized representative of a member David Preschel Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00