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(Red	questor's Name)	
(Add	dress)	
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(Add	dress)	
(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:	
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COVER LETTER

	gistration Se vision of Cor			
SHE LECT.	MAX INTE	ERNATIONAL TRADING, LI	LC	
SUBJECT:	· -	Name of Lim	ited Liability Company	
The enclose	ed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		Nadia Garrido		
			Name of Person	
		MAX INTERNATIONAL	TRADING, LLC	
			Firm/Company	
		3240 NW 72 AVENUE		
			Address	
		Miami, Fl 33122		
			City/State and Zip Code	
		nadiamgarridoo@gmail.cor	n to be used for future annual repo	et notification)
For further i	information co	oncerning this matter, please ca		ii notification)
Nadia Garr			786 781-88	106
	Name of	Person	Area Code E	Paytime Telephone Number
Enclosed is	a check for th	e following amount:	•	
□ \$25.00 T		\$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 Tullahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAX INTERNATIONAL TRADI				
(Name of the Limi	ted Liability Company as it n (A Florida Limited Liability C	ow appears on our records.) ompany)		
The Articles of Organization for this Limited L Florida document number <u>L12000112231</u>	iability Company were fil-	ed on 8/30/2012	and ass	igned
This amendment is submitted to amend the following	lowing:			
A. If amending name, <u>enter the new name o</u>	of the limited liability con	npany here:		
The new name must be distinguishable and contain the	words "Limited Liability Compa	any," the designation "LLC" or	the afibreviation []	L. C "
Enter new principal offices address, if applic	cable:			
(Principal office address MUST BE A STREI	ET ADDRESS)		NA NA	
		····	\$ X X	
			F.S. T	
Enter new mailing address, if applicable:			STATE LORID	
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		À	
B. If amending the registered agent and		dress on our records, <u>e</u>	nter the name	of the new
registered agent and/or the new registered o	ffice address here:			
Name of New Registered Agent:	Nadia Garrido			
New Registered Office Address:	11664 NW 87 Lane			
		Enter Florida street address		
	Doral	, Florid	la <u>33178</u>	
	Ciţy		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 605, 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, Manature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	Nadia Garrido	3240 NW 72 AVENUE	⊑ ∧dd
		Miami, Fl 33122	□ Remove
			Change
MGR	Leyva, Nevis	3240 NW 72 AVENUE	
		Miami, F1 33122	□ Remove
			•
			Remove
			☐ Change
	,		□ Remove
		- Company of the comp	مے □ Add
			Pannove
		SSEE FL	on Finance
		FLORIDA	□ Add
			☐ Remove
			☐ Change

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fective date, if	other than the da	nte of filing:				(optional)	
<u>ote:</u> If the date i	other than the date isted, the date must be ascreted in this block we date on the Department.	c does not mee	et the applicab	date of filing or r le statutory filii	nore than 90 day ng requiremen	vs after filing.) I ts, this date w	Pursuant to 605.0 ill not be listed
	fies a delayed e after the recor		e, but not	an effective	time, at 12	:01 a.m. o	n the earlie
ine 90th day							

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00