

C12 000 112231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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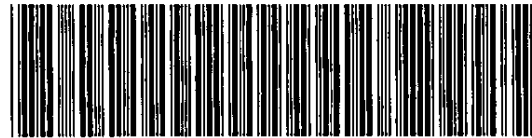
(Business Entity Name)

(Document Number)

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FILED
17 FEB -6 AM 7:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division Corporations

SUBJECT: Max International Trading
Name of Limited Liability Company

The enclosed Amends of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Omar Veliz

Name of Person

Firm/Company

3240 nw 72av

Address

Miami, FL 33122

City/State and Zip Code

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

For further information concerning this matter, please call:

Omar Veliz

Name of Person

at (305) 477 7730

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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 6227
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Max International trading
(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on August 30, 2012 and assigned Florida document number L12000112231.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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 the 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 reflect a change in the registered office address, I hereby confirm that the limited liability company has notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending / Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from the records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	Nadia Berrido	3240 nw 22 av	<input type="checkbox"/> Add
		Miami, FL 33122	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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17 FEB - 6 AM 7:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The day after the record is filed.

Dated 01/17/2017

Signature of a member or authorized representative of a member

Nodia ferrida

Typed or printed name of signee