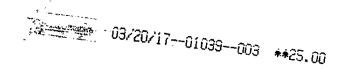
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(Re	equestor's Name)	
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(Ci	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
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(Bi	usiness Entity Name)	
(De	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer	
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Office Use Only



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## **COVER LETTER**

	Registration Sec Division of Corp			
SUBJEC	T:	Max Ind	ernational T	rading
The enclo	sed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please ret	urn all correspon	dence concerning this matter t	to the following:	
		Om	Name of Person	
			Firm/Company	
		3240	nw 72 av	
		Mi	Address  Ami Fl 3312  City/State and Zip Code	<u>Z</u>
		E-mail address: (t	o be used for future annual report notifica	tion)
For furthe	er information co	ncerning this matter, please ca	ılı:	
	Oma Name of	rerson Veliz	at (305) 4777 Area Code Daytime To	730 elephone Number
Enclosed	is a check for the	following amount:		
\$25.0	0 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 (addutional 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(Name of the Limited Liability Co (A Florida Limi	HE ( NQ+( ON appears on outled Liability Company)	al Trading
The Articles of Organization for this Limited Liability Comp	any were filed on Augu	6 30, 2012 and assigned
This amendment is submitted to amend the following:		· · · · · · · · · · · · · · · · · · ·
A. If amending name, enter the new name of the limited	liability company here:	## 2
The new name must be distinguishable and contain the words "Limited L	iability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	<u>ب</u>
,	·	•
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		, Florida
	Cin.	
New Registered Agent's Signature, if changing Registered Ag	City	Zip Code

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = 1 AMBR =	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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		Hiami 7 35122	Remove
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		<u> </u>	Remove
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			□ Adď
			Remove
			☐ Change
			Add
			Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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	<del>-</del>	
E. Effective date, if other than the date of filing:	05.0207 (3)(b) isted as the	
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear (b) The 90th day after the record is filed.	lier of:	
Dated 02 10 2017		
Signature of a member or authorized representative of a member		
. Typed or printed name of signce		

Page 3 of 3

Filing Fee: \$25.00