

L1200011591

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

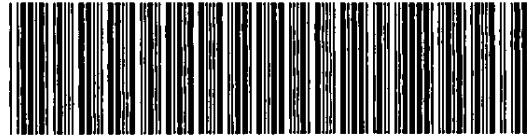
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800246253548

04/08/13--01044--010 \*\*25.00

FILED  
2013 MAY -1 AM 10:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

MAY - 2 2013

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Max Alliance, LLC**  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

**Leslie Fuentes**  
Name of Person  
**Max Alliance, LLC**  
Firm/Company  
**55 Merrick Way. Suite 214**  
Address  
**Miami, FL 33134**  
City/State and Zip Code  
**lafuentesa@mac.com**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Leslie Fuentes** at ( **1** ) **786-6630294**  
Name of Person Area Code & Daytime Telephone Number

FILED  
2013 MAY - 1 AM 10: 24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Enclosed 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)
- \$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  
Tallahassee, FL 32301

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

Max Alliance, LLC

(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 09/10/2012 and assigned Florida document number L12000115191.

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 end with 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)

\_\_\_\_\_  
\_\_\_\_\_

FILED  
 2013 MAY - 1 AM 10:24  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**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 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 = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Mr. <del>MGR</del>	Andres Fuentes Angarita	765 Crandon Blv. Apto 109	<input checked="" type="checkbox"/> Add
		Miami, FI 33149	<input type="checkbox"/> Remove
Mrs. <del>MGR</del>	Christine Killinger	1121 Crandon Blv. Apto E303	<input checked="" type="checkbox"/> Add
		Miami, FI 33149	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 2013 MAY - 1 AM 10:24  
 FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

---

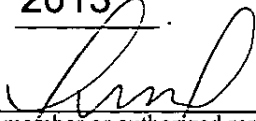
---

---

---

---

Dated 04/02, 2013



Signature of a member or authorized representative of a member

Leslie Fuentes.

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 MAY -1 AM 10: 24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 9, 2013

LESLIE FUENTES  
MAX ALLIANCE, LLC  
55 MERRICK WAY, SUITE 214  
MIAMI, FL 33134

SUBJECT: MAX ALLIANCE, LLC  
Ref. Number: L12000115191

2013 MAY -1 AM 10:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

We have received your document for MAX ALLIANCE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 313A00008378