# L13000169352

(Requestor's Name)
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(Address)
,
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: PROPERT MAX Innovations UC 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:
LAURIE BARHEH Name of Person
PROPERTY MAY INNOVATIONS LIC
8660 College PR4 # 160 Address
THE MYERS FL 339/9  City/State and Zip Code  1648464 Q. SUNCOAST Repholdings, Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Laurle Barlett at (239) 44074/1 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$ Certificate of Status \$\Bigcup \\$ (additional copy is enclosed) \$\Bigcup \\$ \$25.00 Filing Fee & Certificate of Status \$\Bigcup \\$ Certified Copy (additional copy is enclosed)

## MAILING ADDRESS:

1

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

# TO ARTICLES OF ORGANIZATION OF

FILED

2015 SEP 14 AM 11: 14

$\mathcal{D}_{\mathbf{r}}$	- M . T	MINDER AND DEFENDER OF
Name of the Limited	Liability Company as it now appears of	nour records.
	A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lial	pility Company were filed on	$\frac{-25-13}{}$ and assigned
Florida document numberL 1300014	<u>e93</u> 52	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here	:
The new name must be distinguishable and contain the wor	ds "Limited Liability Company" the desi	onation "LLC" or the abbreviation "LLC"
		guardon 220 of the aborevitation 2.2.c.
Enter new principal offices address, if applicate	· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREET	<u>ADDRESS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE Be	OX)	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on o	ur records, <u>enter the name of the nev</u>
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 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, Signature of New Registered Agent

# or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	MAY KOLSMAK	2242 BURTON AUE. FT MYLKS FL 3390	🗆 Add
		FT MYLRS Fr. 3390	77 □ Remove
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(If an effe	ve date, if other than the date of filing:	7 (3)(b)
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records.	sthe
uocum	on a circuite date on the Department of State 3 records.	
the rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of	f:
	90th day after the record is filed.	
Dated	<u>Septilo</u> , <u>2015</u> .	
	Sept. 10, 2015.	
	Signature of a member or authorized representative of a member	
	TACK bee	
	Typed or printed name of signee	

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Filing Fee: \$25.00