

L140000 39097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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700339891497

20 MAR 12 11:53

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STATE
DEPT OF CON. OPERATIONS
20 MAR 12 11:53

Amend

MAR 14 2020

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Maximum Quality Homes, LLC
Name of ~~Foreign~~ Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ernesto Martinez Montano
Name of Person

Maximum Quality Homes, LLC
Firm/Company

8329 Terracewood Cr.
Address

Tpa, Fla. 33615
City/State and Zip Code

maximumstone@verizon.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ernesto Martinez Montano at (813) 476-8413
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

FILED
STATE
DIVISION OF CORPORATIONS
20 MAR 12 AM 11:53



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020 FEB 12 11:28

February 29, 2020

ERNESTO MARTINEZ MONTANO
MAXIMUM QUALITY HOMES LLC
8329 TERRACEWOOD CR
TAMPA, FL 33615

SUBJECT: MAXIMUM QUALITY HOMES LLC
Ref. Number: L14000039097

We have received your document for MAXIMUM QUALITY HOMES 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):

The form you submitted is for a Foreign Limited Liability Company, but your entity is a Florida Limited liability Company. Please complete and return the enclosed blank form(s).

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) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 320A00004490

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Maximum Quality Homes, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

20 MAR 12 11:53
SECRETARY OF STATE
STATE OF FLORIDA

Articles of Organization for this Limited Liability Company were filed on _____ and assigned

Florida document number L14000039097

This amendment is submitted to amend the following:

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:

remains the same

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

remains the same

(Mailing address MAY BE A POST OFFICE BOX)

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:

Ernesto Martinez Montano

New Registered Office Address:

8329 Terracewood Cr.

Enter Florida street address

Tpa

City


Florida

33615

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

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

GR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
GR	Marjorie S. Martinez	8329 Terracewood Cr. Tampa, Fla 33615	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings on the paper.

Effective date, if other than the date of filing: _____ (optional)

If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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

the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 3/9/2020 _____.

Signature of a member or authorized representative of a member

Ernesto Martinez Montano
Typed or printed name of signee