114000065746

(Re	equestor's Name)	
(Ad	ldress)	· · · · · · · · · · · · · · · · · · ·
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SECRETARY OF STATE
AND ANASSEE, FLORIDA

COVER LETTER

	gistration Sec vision of Corp					
SUBJECT:	MAXIMO 2	2014 LLC				
SOBJECT.		Name of Lim	ited Liability Company			
The enclose	d Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please retur	n all correspor	ndence concerning this matter	to the following:			
		IRA R. SHAPIRO				
			Name of Person			
		IRA R. SHAPIRO, P.A.				
			Firm/Company			
		16375 NE 18th Avenue, S	uite 225			
			Address			
		North Miami Beach, FL 33	3162			
			City/State and Zip Code		TAS 5	
		info@irarshapiropa.com			= 0	
		E-mail address: (to be used for future annual report notificat	on)	影響	1
For further i	nformation co	ncerning this matter, please ca	all:		388 19	
Ira R. Shap	iro		305 944-3936		E G	FILED
	Name of	Person	Area Code Daytime Tel	lephone Number	AUG 19 PH 2: 44 RETARY OF STATE AHASSEE, FLORIDA	
Enclosed is	a check for the	e following amount:				
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

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

MAXIMO 2014 LLC				
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on (Liability Company)	our records.)	
The Articles of Organization for this Limited Florida document number <u>L14000065746</u>	Liability Company	were filed on April 22	2, 2014 and as	signed
This amendment is submitted to amend the following	llowing:			
A. If amending name, enter the new name	of the limited liab	oility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designa	ation "LLC" or the abbreviation "L	L.C."
Enter new principal offices address, if appli	icable:	5401 Collins Avenue	e, #424	
(Principal office address MUST BE A STRE	ET ADDRESS)	Miami Beach, FL 33	140	
Enter new mailing address, if applicable:		5401 Collins Avenue	e, #424	
(Mailing address MAY BE A POST OFFICE	EBOX)	Miami Beach, FL 33	140	·
B. If amending the registered agent and registered agent and/or the new registered of			Ho	af the ne
Name of New Registered Agent:	Ira R. Shapiro		SET .	<i>₽</i>
New Registered Office Address:	16375 NE 18th	Avenue, Suite 225		<u></u>
		Enter Florida sti	reet address	
•	North Miami B		, Florida 33162	
		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

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	CARLOS O. FREIRE	5401 Collins Avenue #424	
		Miami Beach, FL 33140	■ Remove
. •	·		Change
MGR	JORGELINA FREIRE	5401 Collins Avenue #424	Add
		Miami Beach, FL 33140	Remove
			□ Change
MGR	Maiten One LLC, a Delaware LLC	5401 Collins Avenue #424	= Add
		Miami Beach, FL 33140	□ Remove
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Filing Fee: \$25.00