

**L14 000106246**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H14000262209 3)))



H140002622093ABC.

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : CORP USA  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MAXIMUS 2707 LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED

14 NOV 10 AM 10:00

FLORIDA DEPARTMENT OF STATE  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

84163

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

14 NOV 10 AM 9:30

FILED

EFFECTIVE DATE 11/10/14

Electronic Filing Menu

Corporate Filing Menu

Help

am  
11/12/14

414000262209

4

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

MAXIMUS 2707 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 07/03/2014 and assigned  
Florida document number L14000106246

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)

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

City

Florida

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

Page 1 of 3

EFFECTIVE DATE 11/10/14

FILED  
14 NOV 10 AM 9:30  
SECRETARY OF STATE  
ALLAHASSEE, FLORIDA  
11/10/2014 17:43



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

---

---

---

---

---

E. Effective date, if other than the date of filing: 11/10/14 (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated NOVEMBER 10, 2014

Ruben E. Hassassian

Signature of a member or authorized representative of a member

RUBEN E. HASSASSIAN

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

FILED  
14 NOV 10 AM 9:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11/10/2014 17:43  
3056339696  
BOYD & BOYD

CORP USA

PAGE 04/04