L14000186420

(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·
(Add	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	<u> </u>
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D. BRUCE

COVER LETTER

Division of Corp	porations				
SUBJECT: Maxi	MUSF. LLC Name of Limi				
	Name of Limi	ted Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	Maxime Filo	Name of Person			
		Name of Person			
	maximust'	1.6			
		Firm/Company	<u> </u>		
	1577	ما ١٠١٠			
	1522 wood	Address			
	Orlando FL	3282 4 City/State and Zip Code			
	. (.)	City/State and Zip Code		2015	
	E-mail address: (t	City/State and Zip Code Old - Com to be used for future annual report notifi	ication)		
For further information co	oncerning this matter, please ca			; 1 00	Market.
Tot future mornation ec	meering this matter, prease of	sti.		SS 4	\$ \$
_Maxime Fil	υS	at (321) 287 - 2 Area Code Daytime	28699	PM 3: IC	
Name of	Person	Area Code Daytime	Telephone Number	92 G	To the same of
				(원년 교	
Enclosed is a check for the	e following amount:				
□ \$25.00 Filing Fee	☑ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Filin	ig Fee,	
	Certificate of Status	Certified Copy (additional copy is enclosed)		of Status &	
		(additional copy is enclosed)		opy is enclosed)	

MAILING ADDRESS:

Registration Section

TO:

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

MAXIMUSFI (Name of the Limited	LLC	
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
Florida document number <u>L14000186420</u>	- 	114 and assigned
This amendment is submitted to amend the follow	ing:	•
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and end with the work Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	1-11-1	e abbreviation "L.L.C."
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address:	registered office address on our records, ente e address here: Enter Florida street address Florida	r the name of the new
•	, Pidrida _	In Charle

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = ' Manager AMBR = Authorized Member <u>Title</u> Name 1 **Address Type of Action** Maxime Filos (EO □ Add 1522 wood Violet dr. ☑ Remove Orlando FL 32824 MGR Maxime Filus 1522 wood violet dr. □ Add ☐ Remove □ Add ____ □ Add ____ Remove

f amending any other information, enter change(s) here:	(Attach additional sheets, if necessary.)
· .	
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed the date this document is filed by the Florida Department of State)	
Dated January 30+1 , 2015	
Dated January 30	
Signature of a member or authoriz	ad range antative of a mambar
Maxime Files	ed representative of a member
Typed or printed n	ame of signee

Page 3 of 3

Filing Fee: \$25.00

