# 1500035a3

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(*	u.000,	
(Cit	y/State/Zip/Phone	e #)
☐ PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Certified Copies	_ Certificates	o o otatos
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Special Instructions to	Filing Officer:	
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Office Use Only



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AUG 2 1 2015 S. YOUNG

### **COVER LETTER**

	Registration Sec Division of Corp				
SUBJEC	MAXGRY1	N USA, LLC.			
SOBJEC	••	Name of Limi	ted Liability Company	-	
		Amendment and fee(s) are sub	-		
Please ret	urn all correspo	ndence concerning this matter	to the following:		
		MARIO DELGADO HIGI	JERA		
			Name of Person		
		MAXGRYN USA., LLC.			
			Firm/Company	· · · · · · · · · · · · · · · · · · ·	هست چ. <del>د</del>
		11890 SW 8TH STREET	PH 7		on _
		·	Address		5
		MIAMI, FL 33184			. C)
		mary-financial@hotmail.co	City/State and Zip Code		$\dot{\omega}$
			to be used for future annual report notifi	ication)	ైణ్ చ్
For furth	er information c	oncerning this matter, please ca	all:		
PEDRO	GUARDADO		786 232-9877		
	Name o	f Person -		Telephone Number	
Enclosed	is a check for th	he following amount:			
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te 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

MAXGRYN USA, LLC.		
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our Limited Liability Company)	records.)
he Articles of Organization for this Limited Liability Co	ompany were filed on 2/16/2015	and assigned
lorida document number L15000028523		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limi	ted liability company here:	
he new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation	i "LLC" or the abbreviation;"L.L.C."
Inter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	(ESS)	1 (7)
		() · O   (1)
Inter new mailing address, if applicable:		. Q
Mailing address MAY BE A POST OFFICE BOX)		· (-) &
If amonding the registered agent and/on registered	4-mad -60%dd	
<ol> <li>If amending the registered agent and/or registered agent and/or the new registered office add</li> </ol>	tered office address on our re ress here:	cords, enter the name of the
Name of New Registered Agent:	<u> </u>	
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

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	MARIA CAMILA DELGADO H	11890 SW 8TH ST PH 7, MIAMI FL 33184	🛱 Add
			Remove
			Change
MGR MARIA ALEJANDRA DELGADO H	11890 SW 8TH ST PH 7, MIAMI, FL,33184		
			Remove
			Change
			.⊟ Add ن
		· · · · · · · · · · · · · · · · · · ·	Remove
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ective date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of filing or te: If the date inserted in this block does not meet the applicable statutory file.	r more than 90 days after filing.) Pursuant to 605.0
ument's effective date on the Department of State's records.	
	ं हैं <b>छै।</b> :>
record specifies a delayed effective date, but not an effective	
he 90th day after the record is filed.	7 NO 1
08/18/2015	
ed	
	) ် ( မှ ( ) ( ) <del>( )</del>
Signature of a member or authorized representati	ive of a member

Page 3 of 3

Filing Fee: \$25.00

IRS DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE 45999-0023 CINCINNATI OH

> MAXGRYN USA LLC PEDRO A GUARDADO MBR 11890 SW 8TH ST PH 7

MIAMI, FL 33184

# FILED

15 AUG 20 PM 3: 40 Date of this notice: 02-17-2015

The state of the s

Form: SS-4

Number of this notice: CP 575 B

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

#### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 47-3150918. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1065

04/15/2016

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

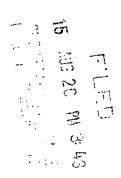
#### IMPORTANT REMINDERS:

- \* Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- \* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- \* Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is MAXG. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.



Keep this part for your records.

CP 575 B (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 B

999999999

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 02-17-2015

( ) - EMPLOYER IDENTIFICATION NUMBER: 47-3150918
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

MAXGRYN USA LLC PEDRO A GUARDADO MBR 11890 SW 8TH ST PH 7 MIAMI, FL 33184