

L15000047538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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17 NOV -6 PM 5:30  
DIVISION 14

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MAKS PROPERTY MANAGEMENT LLC.  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RENE AIVAREZ

Name of Person

MAKS PROPERTY MANAGEMENT LLC

Firm/Company

3046 DEL PRADO BLVD S. SUITE 2-C

Address

CAPE CORAL FL 33904

City/State and Zip Code

RA@MAKSREALTY.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RENE AIVAREZ

Name of Person

at ( 239 )

Area Code

281-6763

Daytime Telephone Number

Enclosed is a check for the following amount: check was sent already.

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|--|

### 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

2017 NOV - 6 PM 2:54

05

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

MAKS PROPERTY MANAGEMENT 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 03/16/2015 and assigned Florida document number L15000047538.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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:

(Principal office address MUST BE A STREET ADDRESS)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

**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:

N/A

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>	<u>Address</u>	<u>Type of Action</u>
<u>P</u>	<u>MALICA KOVALCHUK</u>	<u>3046 DEL PRADO BLVD S.</u>	<input type="checkbox"/> Add
		<u>SUITE 2-C CAPE CORAL FL 33904</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>VP</u>	<u>YISEL P. FUENTES</u>	<u>3046 DEL PRADO BLVD S.</u>	<input type="checkbox"/> Add
		<u>SUITE 2-C CAPE CORAL FL 33904</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>RENE ALVAREZ</u>	<u>3046 DEL PRADO BLVD S.</u>	<input checked="" type="checkbox"/> Add
		<u>SUITE 2-C CAPE CORAL FL 33904</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>RENE ALVAREZ</u>	<u>3046 DEL PRADO BLVD S.</u>	<input checked="" type="checkbox"/> Add
		<u>SUITE 2-C CAPE CORAL FL 33904</u>	<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
			<input type="checkbox"/> Change

FILED  
JUL 17 11:06 PM '11

17 NOV 1964

FILED  
17 NOV -6 PM 5:34  
JAN 1967

**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.

Dated NOVEMBER 3, 2017.

On \_\_\_\_\_ day after the record is filed,  
NOVEMBER 3, 2017,  
 \_\_\_\_\_, Rene Alvarez  
 Signature of a member or authorized representative of a member  
Rene Alvarez  
 \_\_\_\_\_  
 Typed or printed name of signee