

L15000070015

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan JUN 23 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MAXMILIAN 1924 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:

Barry G. Segal, Esquire

Name of Person

Barry G. Segal, P.A.

Firm/Company

3096 Cardinal Drive, Suite 2C

Address

Vero Beach, Florida 32963

City/State and Zip Code

barry@verobeach-law.com

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

For further information concerning this matter, please call:

Barry G. Segal, Esq.

Name of Person

772 567-5552
at ()
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2015 JUN 24 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAXMILIAN 1924 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 April 21, 2015 and assigned
Florida document number L15000070015.

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 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) _____

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

_____, 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>
MGR	Stuart A. Frankel	3355 BURLINGTON PLACE SW	<input type="checkbox"/> Add
		VERO BEACH, FL 32968	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Stuart A. Frankel	3355 BURLINGTON PLACE SW	<input checked="" type="checkbox"/> Add
		VERO BEACH, FL 32968	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Dongyu Frankel	3355 BURLINGTON PLACE SW	<input checked="" type="checkbox"/> Add
		VERO BEACH, FL 32968	<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
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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STATE OF FLORIDA
TALLAHASSEE

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

(b) The 90th day after the record is filed.

Dated June 22, 2015

Stuart A Frankel

Signature of a member or authorized representative of a member

Stuart A. Frankel

Typed or printed name of signee