

L150000 90277

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

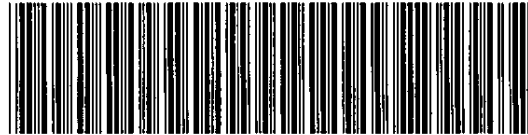
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 14 2015
J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **MAX USA 2G CONSULTING 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:

MARCO A REIS

Name of Person

USATAX CORP

Firm/Company

591 E SAMPLE ROAD

Address

POMPANO BEACH FL 33064

City/State and Zip Code

RODRIGO@USATAXFL.COM

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

For further information concerning this matter, please call:

MARCO A REIS

Name of Person

at (**954**) **788-1818**

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

MAX USA 2G CONSULTING LLC

Page 1 of 3

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

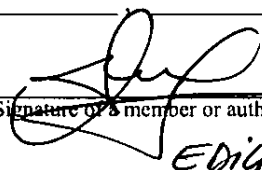
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ENRICO DANIELE	589 E Sample RD	<input checked="" type="checkbox"/> Add
		SUITE 233	<input type="checkbox"/> Remove
		Pompano Bch Fl 33064	
MGR	EDIGIMAR ANTONIO MAXIMILIANO JUNIOR	589 E Sample RD	<input checked="" type="checkbox"/> Add
		SUITE 233	<input type="checkbox"/> Remove
		Pompano Beach Fl 33064	
AMGR	UMBERTO BARALDI MAXIMILIANO	589 E Sample RD	<input checked="" type="checkbox"/> Add
		SUITE 233	<input type="checkbox"/> Remove
		Pompano Bch Fl 33064	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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: _____ (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 _____



Signature of a member or authorized representative of a member

EDGIMAE L ANTONIO MAXIMILIANO JR.

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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