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COVER LETTER

	egistration Sc ivision of Cor			
SUBJECT		IANO LIFE. LLC		
SUBJECT	·	Name of Lan	ited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sob	mitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		Isaac Benmergui		
			Name of Person	
			Firm/Company	
		1150 Kane concourse, Sec	and Floor	
			Address	-
		Bay Harbor Islands, FLori	da 33154	
		GAONLAW@GMAIL.CO	City/State and Zip Code M	
		E-mail address: (to be used for future annual report notel	ication)
For further	information co	oncerning this matter, please co	alł:	
ISAAC BI	ENMERGUI		at () 3978547 Area Code Daytime	
	Name of	Person	Area Code Daytone	: Telephone Number
Enclosed is	a check for th	e following amount:		
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is eaclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tailahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallabassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAXIMICANO LIFE, LEC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it may appears on our uted Liability Company)	r records.)
The Articles of Organization for this Limited Liability Comp. Torida document number 1.15000108040	pany were filed on 06/22/201	5 and assigned
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	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES.	5)	
		1
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registere egistered agent and/or the new registered office address Name of New Registered Agent:		ecords, enter the name of the r
New Registered Office Address:	Enter Florida stree.	t address
		Etovida
	Cny	, Florida
New Registered Agent's Signature, if changing Registered Ag	ent:	

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	Maximiliano International Limted	1150 Kane Concourse	Add
		Second Floor	■ Remove
		Bay Harbor Islands, Florida 33154	□ Change
AMBR	Maximiliano International Limted	1150 Kane Concourse	□ Ad3
		Second Floor	_
		Bay Harbor Islands, Fiorida 33154	□ Change
			□ Add
			Remove
		CONTRACTOR OF THE PROPERTY OF	☐ Change
			□ ∧dd
			☐ Remove
			☐ Change
			□ Add
			Change Change
			Remove Change

If amending any	y other information,	enter change(s) here: (Attach	additionol s	heets, if nec	essary.)	

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ffective date, if	other than the date a	of filing:			(ontic	nal)	
<u>Note:</u> If the date i locument's effecti	inserted in this block do ive date on the Departm	ies not meet the a ient of State's rec	ipplicable statuto cords.	ry Iiling requi	rements, this	date will not be	e listed as
The 90th day	fies a delayed effer after the record is	filed.	t not an enec	ilive time,	at 12:01 a	.m. on the e	arner o
ated July 20		2015					
					,	~ (3)	
	Signato	ure of a member or	authorized represe	entative of a me	mber //	1 = =	***
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