

# Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MAX BUSINESS GROUP, LLC

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Corporate Filing Menu

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

MAX BUSINESS GROUP, 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 07/13/2015 and assigned Florida document number L15000119762

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)

8695 COLLEGE PARKWAY

SUITE # 1383

FORT MYERS, FL 33919

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8695 COLLEGE PARKWAY

SUITE #1383

FORT MYERS, FL 33919

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:

8695 COLLEGE PARKWAY SUITE #1383

*Enter Florida street address*

FORT MYERS

Florida 33919

*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

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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>
AMBR	Garces Martinez, Edilberto	8695 COLLEGE PARKWAY	<input type="checkbox"/> Add
		SUITE # 1383	<input type="checkbox"/> Remove
		FORT MYERS, FL 33919	<input checked="" type="checkbox"/> Change
MGRM	Garces Martinez, Edilberto	8695 COLLEGE PARKWAY	<input type="checkbox"/> Add
		SUITE #1383	<input type="checkbox"/> Remove
		FORT MYERS, FL 33919	<input checked="" type="checkbox"/> Change
MGRM	RILEY, LEE J	8695 COLLEGE PARKWAY	<input type="checkbox"/> Add
		SUITE #1383	<input type="checkbox"/> Remove
		FORT MYERS, FL 33919	<input checked="" type="checkbox"/> Change
MGR	ORTEGA, ANA MARIA	8695 COLLEGE PARKWAY	<input type="checkbox"/> Add
		SUITE #1383	<input type="checkbox"/> Remove
		FORT MYERS, FL 33919	<input checked="" 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

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