

L15000146920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

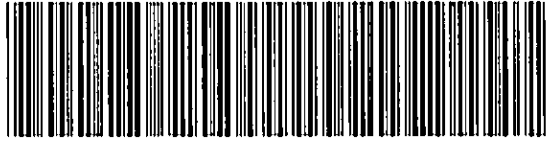
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
Y. SULKER
JAN 20 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Solutions Shipping Lines 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:

Max Marcel
Name of Person

Solutions SHIPPING Lines LLC
Firm/Company

18447 Monet Ave
Address

Port Charlotte FL 33948
City/State and Zip Code

Eluscharles@yahoo.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Max Marcel at (941) 830-4184 / ~~(830) 394-0878~~
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Solutions Shipping Lines 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 August 27th 2015 and assigned Florida document number L15000146920.

This amendment is submitted to amend the following:

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

Maximum Enterprises LLC

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)

18447 Monet Ave

Port Charlotte FL 33948

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:

Marcel, Max

New Registered Office Address:

18447 Monet Ave

Enter Florida street address

Port Charlotte

City

Florida

33948

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>MGR</u>	<u>ERNSO Borgella</u>	<u>5020 Polaris Cove</u>	<input type="checkbox"/> Add
		<u>Green Acres FL 33463</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>P</u>	<u>Max Marcel</u>	<u>18447 Monet Ave</u>	<input checked="" type="checkbox"/> Add
		<u>Port Charlotte FL 33948</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
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