

L15000155951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

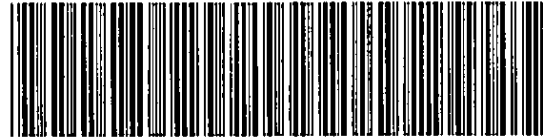
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/04/22--01029--006 **25.00

22 JAN 18 3:30

T. MATTHEWS

JAN 18 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Maximize Within, 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:

Carlton Branker
Name of Person

Maximize Within, LLC
Firm/Company

2114 N. Flamingo Road, Suite 202
Address

Pembroke Pines, FL 33028
City/State and Zip Code

cbranker@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carlton Branker 727 491-7272
Name of Person 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 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**

Maximize Within, LLC

22 SEP 14 11:30

(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 September 14, 2015 and assigned
Florida document number L15000155981.

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)

12277 SW 55 Street

Suite 908

Cooper City, FL 33330

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: Hillarie Marciano

New Registered Office Address: 12277 SW 55 Street, Suite 908

Enter Florida street address

Cooper City, Florida 33330

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	Carlton Branker	2114 N. Flamingo Road	<input type="checkbox"/> Add
		Suite 202	<input checked="" type="checkbox"/> Remove
		Pembroke Pines, FL 33028	<input type="checkbox"/> Change
MGR	Hillarie Marcamo	12277 SW 55 Street	<input checked="" type="checkbox"/> Add
		Suite 908	<input type="checkbox"/> Remove
		Cooper City, FL 33330	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

N/A

(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)

Dated October 31, 2021

[Handwritten signature]

Carlton Brunker

[Handwritten signature] Ty

Filing Fee: \$25.00