

# L16000018071

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

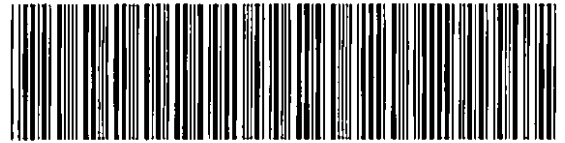
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FILED

2023 MAY 31 PM 3:33

SECRETARY OF STATE  
TALLAHASSEE, FL

Y. SCOTT

JUL 23 2023

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MAXIMMERSION VR, 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:

MADELINE ACEVEDO

\_\_\_\_\_  
Name of Person

MAXIMMERSION VR, LLC

\_\_\_\_\_  
Firm/Company

3601 SW VICEROY ST.

\_\_\_\_\_  
Address

PORT SAINT LUCIE, FL 34953

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

MADELINE ACEVEDO

954 675-1297

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

FILED  
2023 MAY 31 PM 3:33  
TALLAHASSEE, FL  
REGISTRATION SECTION

**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>
_____	_____	_____	<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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2023 MAY 31 PM 6:33  
STATE

2023 MAY 31 PM 3:33  
SEL. CT. NO. 8057476

2023 MAY 31 PM 3:33  
SECURITY SERVICE

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated MAY 22, 2023

Madeley Acedo  
Signature of a member or authorized representative of a member

MADELINE ACEVEDO

Typed or printed name of signee

**Filing Fee: \$25.00**