# 1160000 19859

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SECRETARY OF STATE TALLAHASSEE, TLE. JA

MAY 17 2016 S. YOUNG

# **COVER LETTER**

TO: Registration Sec Division of Corp			·		
SUBJECT:	Ji Hax Poin Name of Lim	H LLC ited Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please return ali correspon	ndence concerning this matter	to the following:			
	William	Acoslo Name of Person			
	W: Mc	X Point LLC Firm/Company			
,	13611 Da	archance Rd			
	Windan	MOYO, FL. 34 City/State and Zip Code	786	I VAH 31	SECRETA
	F-mail address: (	to be used for future annual report notific	cation)	15 P	3388
For further information ed	oncerning this matter, please ca			PH 1:	
William Name of	A005-101	at (40) 300.6	5582 Telephone Number	22	ATC.
Enclosed is a check for th	e following amount:				
\$25.00 Filing Fue	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Sta Certified Copy (additional copy is en	tus &	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

W: Max P	aint UC	
( <u>Name of the Limited Liah</u> (A Flor	ility Company as it now appears on our ida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number <u>16000019</u>	Company were filed on 01/2	8 2016 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mouchions (	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	·	
(Principal office address MUST BE A STREET ADI	DRESS)	<del></del>
Enter new mailing address, if applicable:		ALLASSEE AND 16 F
(Mailing uadress MAY BE A POST OFFICE BOX)		H 1: 2:
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
<del></del>	City	, Florida 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 statues 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

	Manager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Villagomez, Farnando H	13611 Darchanco Pd Windowa FL, 34786	<b>∑</b> □ Add
			Change
******************************			□ Add
			□ Remove
			□ Change
			Add A S S S S S S S S S S S S S S S S S
			PH Change Care
			D Add
			Remove
			_ Change
			Add
			□ Remove
			□ Change
			_□ Add
			_□ Remove
			Chamas

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

			11.0.1	
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		***************************************		
ctive date, if other than the effective date is listed, the date mer. If the date inserted in this ament's effective date on the ecord specifies a delayer.	nust be specific and cannot be block does not meet the a Department of State's red ed effective date, bu	e prior to date of filing opplicable statutory foords.	or more than 90 days after iling requirements, thi	r filing.) Pursuant to 605. s date will not be liste
he 90th day after the re	ecord is filed.			
ted May 13th	, 20	16		
10 M				

Page 3 of 3

Filing Fee: \$25.00