L16000076330

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COVER LETTER

TO:	Registration Sec Division of Corp	ction porations				
CUD IEZ		FLOORS LLC				
SUBJECT: Name of Limited Liability Company						
The encl	osed Articles of A	Amendment and fec(s) are subr	mitted for filing.			
Please re	eturn all correspor	ndence concerning this matter t	to the following:			
		WALTER QUIJADA				
			Name of Person			
			AASSA AUG-ARAA (1974 - 1974 - 1974 - 1974 - 1974 - 1974 - 1974 - 1974 - 1974 - 1974 - 1974 - 1974 - 1974 - 1974	TA: 28		
		1041 B 4 B 0 2 1 4 2 12	Firm/Company	2016 NOV - L SECRETARY ALLAHASSE		
		3041 BARON LANE	Address	TAR ASS		
TALLAHASSEE, FL 32305				m _C		
		waltq11@gmail.com	City/State and Zip Code	STALE TLORIDA		
For fireth	ar information as	E-mail address: (to incerning this matter, please ca	o be used for future annual report notific			
	R QUIJADA	neeting ans mater, pease ca	850 274-8864 at ()			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed	l is a check for the	e following amount:				
□ \$25.6	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 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/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAX OUT FLOORS LLC		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	v as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v	were filed on 04/20/2016	and assigned
Florida document number L16000076330		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ry Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	formanial more remaining and a second	
(Principal office address MUST BE A STREET ADDRESS)		28 SEC
		CRE NOV
	Y 1000	<i>(</i> 0.3>
Enter new mailing address, if applicable:		SE SE
(Mailing address MAY BE A POST OFFICE BOX)		
Enduring dauress MAT BE A POST OF FICE BOAT		0.2 89
B. If amending the registered agent and/or registered off	ica addrass on our records a	D
registered agent and/or the new registered office address here:		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address , Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p	e to act in this capacity. I furthe performance of my duties, and I	er agree to comply with the am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 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>	Type of Action
MGR	ROBERT F. SHARPE	7617 JENKINS CIR	■ Add
			☐ Remove
		TALLAHASSEE, FL 32310	□ Change
AMBR	JUAN J. QUIJADA	3031 BARON LN	■ Add
			☐ Remove
		TALLAHASSEE, FL 32305	□ Change
P-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			□ Add
			Remove
			NOV LU KETAAAY O
			Remove Constitution Charles
	-		□ Add
			☐ Remove
			Change
			□ Add
			□ Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets,	y necessary,
	SECRET TO
	——SS ±
	Es D
	ORIDATE S
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 da Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	(optional) ys after filing.) Pursuant to 605.0207 (3)(b) ats, this date will not be listed as the
If the record specifies a delayed effective date, but not an effective time, at 12 (b) The 90th day after the record is filed.	2:01 a.m. on the earlier of:
Dated 11-03-16	
Signature of a member or authorized representative of a member	
WALTER QUIJADA	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00