## 116000129619

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## COVER LETTER

то: "	Registration Sec Division of Corp					
(111B-11	MAXX.LIV					
SUBJE	CT:	Name of Lim	ited Liability Cor	npany		
The end	closed Articles of A	mendment and fee(s) are sub	mitted for filing	ı.		
Please	return all correspon	dence concerning this matter	to the following	5:		
		SASSON MOULAVI				_
			Name of I	Person	<del>_</del>	_
		MAXX.LIVE LLC				
		-	Firm/Con	npany		~
		3196 N FEDERAL HIGH	WAY			
			Addre	ss		_
		BOCA RATON, FL 33431	l			
		restl1818@gmail.com E-mail address: (1	City/State and to be used for futt		notification)	_
For fur	ther information co	ncerning this matter, please ca	all:			
YARO	N COHEN		305 at (	970-932	2	
	Name of	Person	Area	Code Da	vtime Telephone Numbe	© \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)  ER ADDRESS: on rations
Enclose	ed is a check for the	following amount:				
<b>≅</b> \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Fi Certified (additional		Certifica Certifie	ate of Status & I
	Registrat Division P.O. Box	sion Section of Corporations c 6327 see, FL 32314		STREET/COUREgistration Se Division of Co Clifton Buildin 2661 Executive Tallahassee, FI	rporations g e Center Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAXX.LIVE LLC		
(Name of the Limited	d Liability Compar A Florida Limited L	any as it how appears on our records.) Liability Company)
The Articles of Organization for this Limited Lia Florida document number L16000129619  This amendment is submitted to amend the followards. If amending name, enter the new name of	wing:	T JUL 27 DIVISION OF
The new name must be distinguishable and contain the wo Enter new principal offices address, if applica (Principal office address MUST BE A STREET	ble:	1905 BLUE HERON BLVD. SUITE#9071  RIVIERA BEACH, FL 33404
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>(0X)</u>	1905 BLUE HERON BLVD. SUITE#9071 RIVIERA BEACH, FL 33404
B. If amending the registered agent and/oregistered agent and/or the new registered off	-	office address on our records, enter the name of the new
Name of New Registered Agent:	YARON COHE	EN
New Registered Office Address:	1905 BLUE HE	ERON BLVD. SUITE#9071
		Enter Florida street address

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.

RIVIERA BEACH

If Changing Registered Agent, Signature of New Registered Agent

, Florida <u><sup>33404</sup></u>

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 **Address** Type of Action <u>Title</u> Name | 3196 N FEDERAL HIGHWAY SASSON MOULAVI **AMBR** \_□ Add BOCA RATON, FL 33431 **■** Remove \_□ Change 1905 BLUE HERON BLVD. AMBR YARON COHEN **■** Add SUITE#9071 ☐ Remove RIVIERA BEACH, FL 33404 \_□ Change □ Add OLVISION OF COROSCIONION **□**Ehange **□** \_ Change □ Add □ Remove ☐ Change  $\square$  Add ☐ Remove □ Change

If amending any ot	her information, enter ch	ange(s) here: (Atta	ch additional sheets,	if necessary.)	
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If an effective date is liste Note: If the date inse	her than the date of filing ed, the date must be specific and reted in this block does not m date on the Department of Si	cannot be prior to date of seet the applicable state	filing or more than 90 da utory filing requireme	_ (optional)  ays after filing.) Pursuant to  nts, this date will not be	605.0207 (3 listed as th
document's effective	uate on the Department of Si	tate's records.			
	s a delayed effective diter the record is filed.	ate, but not an ef	fective time, at 12	2:01 a.m. on the ea	irlier of:
Dated	JULY 24	2017			
	Signatur of 7 p	ember ir authorized rep	resentative of a member		-
SASSON	MOULTVI				_
_	-	Typed or printed name	of signee		
		Page 3 of 3			

Filing Fee: \$25.00