

L 16000184240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

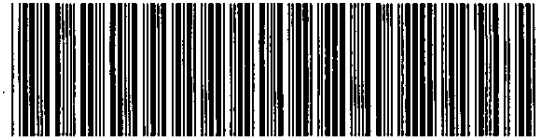
(Business Entity Name)

(Document Number)

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10/17/16--01019--018 **25.00

FILED
OCT 17 2016
16 OCT 17 PM 3:45
CLERK OF SUPERIOR COURT

OCT 17 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Maxiguquality 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:

Vanita Henry
Name of Person

Maxiguquality
Firm/Company

3930 Versailles Dr. Bld B
Address

Orlando, FL 32808
City/State and Zip Code

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

For further information concerning this matter, please call:

Vanita Henry at (407) 459-6285
Name of Person 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Maxiguality LLC

(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 10-04-16 and assigned
Florida document number L16000184240

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Maxiguality LLC

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)

3930 Versailles Dr. Bldg B
Orlando, FL 32808

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Vanita Henry

New Registered Office Address:

3930 Versailles Dr. Bldg B

Enter Florida street address

Orlando

City

, Florida

32808

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

Title	Name	Address	Type of Action
Owner	Vanita Henry	3930 Versailles Dr.	<input checked="" type="checkbox"/> Add
		Bld B Orlando, FL 32808	<input type="checkbox"/> Remove
		32808	<input type="checkbox"/> Change
MGR	Elmita Henry	8444 McGirts Village	<input type="checkbox"/> Add
		Lane Jacksonville,	<input checked="" type="checkbox"/> Remove
		FL 328 32210	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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16 OCT 17 PM 3:45

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COUNTY
CLERK
OF
DADE
COUNTY
FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

EIN # 81-4069406

New Email; ~~max~~ maxequalitystore@gmail.com

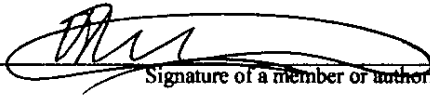
E. Effective date, if other than the date of filing: 10-06-16 (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 _____, _____.



Signature of a member or authorized representative of a member

Vanita Henry

Typed or printed name of signer