L17000019856

(Re	questor's Name)	
(Ad	dress)	_
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number))
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SECRETARY OF STATES

K. SALY JAN - 4 2018

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MAD MAXX PErFORMANCE L.L.C. Name of Limited Liability Company
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:
Son Wiele Son Name of Person
Name of Person Name of Person Name of Person Name of Person
1503 Limon-Rd, Address
BRANDON FL. 33510 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SEAN Nicelean at (813) 538-3505 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Sol

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

ONYSIGNET TILEU
ORNISION OF COESCIPATIONS
18 JAN -3 AM /1: 20

MAD MAXX Per For	marce LLC "111:29
(Name of the Limited Liability Compa (A Florida Limited F	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company	were filed on $1/23/2017$ and assigned
Florida document number <u>L170000</u> 1985	3
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)	1503 Limone Rd. BLONDOW Florida 33510
	33510
Enter new mailing address, if applicable:	1507 Limonta Rd.
(Mailing address MAY BE A POST OFFICE BOX)	1507 Limonta Rd. BRANDON, FL. 37510
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	the Noch for
New Registered Office Address: (503 L	in ano. Ad. Enter Florida street address
BRAS	City Florida 37510
	City 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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
Wal	Dorothy Wichelson	1503 Limonn ND.	Add
	l	1503 Linown ND. BRANGON Fl. 33510	🗆 Remove
			Change
imbe.	Cotorge Willeson	1503 Livera 20.	Add
		1503 Livere 20. BRANPON Florid 33510	☐ Remove
			☐ Change
AMBR	Swith Lopan	BRANDON El. 33510	Add
	J	BRANDON El. 33510	☐ Remove
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(If an e Note:	tive date, if other than the date of filing:	5.0207 (3)(ed as the
	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlies 90 th day after the record is filed.	er of:
Dated	1 - 2017.	
	Signature of a member or authorized representative of a member	
	Signature of a memory of abmotived representative of a member	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00