## L17000096848

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## COVER LETTER

TO:	Registration Se Division of Cor				
SURI	ЕСТ:	MAXX CONSTRUC	TION LLC		
зова	ECT		ted Liability Company		<del></del> _
The er	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
		JESUS	<del> </del>		
			Name of Person		
		MAXX	CONSTRUCITON LLC	;	
			Firm/Company		<del></del>
			SW 104TH AVE		
		· · · · · · · · · · · · · · · · · · ·	Address		
		MIAMI,	FL 33157		
			City/State and Zip Code		
		MAXX F-mail address: (	PROD@GMAIL.COM to be used for future annual r	enort notificatio	<u>n)</u>
For fu	ether information c	oncerning this matter, please ca	i		••,
. 01 10	ither mormation e	oncerning this matter, prease en	····		
	JESUS RIOS			910-7641	<del> </del>
	Name o	of Person	Area Codé	Daytime Tele	phone Number
Enclos	sed is a check for the	he following amount:			
	25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ING ADDRESS:	1	COURIER A	ADDRESS:
		ration Section on of Corporations		on Section of Corporation	s
	P.O. B	ox 6327	Clifton B	uilding	
	Tallah	assee, FL 32314		cutive Center ( ee, FL 32301	Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAXX CONSTRI		
(Name of the Limited Liability Con (A Florida Limit	npany as it now appears on our recor ed Liability Company)	<u>(ds.)</u>
The Articles of Organization for this Limited Liability Compa	ny were filed on05/02/2017	and assigned
lorida document number <u>L17000096848</u>	1	
his amendment is submitted to amend the following:	1	
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LL	C" or the abbreviation "L.L.C,"
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		17
<ol> <li>If amending the registered agent and/or registered egistered agent and/or the new registered office address had been addressed.</li> </ol>	,	ds, enter the name of the
		3 SSE
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	ess (C)
	, F	lorida Zip Code
	City	rap Cinic

## 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

<u>Title</u>	Name	Address	Type of Action
MGR_	SERGIO SALUSSO	2951NW 46TH AVE LAUDERDALE LAKES, FL 33313	<b>≭</b> Add
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mendin	ig any other informat	ion, enter cha	ange(s) here:	(Attach	additional	sheets, if n	ecessary.)	
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	effective date on the De			ore statuit	ny ming re	quirements,	uns date wh	i noi oc ristec
record	specifies a delayed	effective da	ate, but not	an effe	ctive time	e, at 12:0	1 a.m. on	the earlier
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Filing Fee: \$25.00