LI7 (1000 120595

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

	gistration Serision of Cor			
SUBJECT:	Finest Maxv	well LLC		•
SOBJECT.		Name of Limited Liability Company		
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Frederick Lyle		
			Name of Person	
		Finest Maxwell LLC		
			Firm/Company	
		239 Monterey Drive		
			Address	
		Naples, Florida 34119		
		Fred@finestnaples.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For further is	nformation c	oncerning this matter, please co	all:	
Frederick Ly	yle		239 776=6735 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for th	ne following amount:		
□ \$25.00 I	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

and assigned
or the abbreviation "L.L.C."
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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>	<u>Name</u>	Address	Type of Action
			🗆 Add
			🗆 Remove
			□Change
			□Add
			2 Remove
			2Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
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			□Remove
			Change

Name change only		
 		
		
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	December 1, 2020	
fective date, if other than the date of fi	ing: (optional) and cannot be prior to date of filing or more than 90 days after filing.) Purs	
	and cannot be prior to date of fining of more than 90 days after fining.) Furs	
cument's effective date on the Department		
	not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th	h day after th
is filed.		
B	2020	
December 1st	2020	
Lund	$a / \epsilon / \epsilon$	
Signature	f a member or authorized representative of a member	