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CF 8/0/2022

COVER LETTER

MAX-IDEA			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	CATALINA SALAZAR		
		Name of Person	
	MAX-IDEAS LLC		
		Firm/Company	
	7855 NW 104 AVENUE A	APT 03	
		Address	
	DORAL, FLORIDA 3317	8	
		City/State and Zip Code	<u>. </u>
	CSALAZAR@MAKEART		
	E-mail address: (to be used for future annual report notif	ication)
For further information e	oncerning this matter, please c	all:	
CATALINA SALZAR		786 317-8039	
Name o	f Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section **Division of Corporations**

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 TO ARTICLES OF ORGANIZATION OF

MAX-IDEAS LLC			2022 HAY 31 PM 2: 14
(Name of the Limi	ted Liability Compa (A Florida Limited)	iny as it now appears on our re Liability Company)	ecords.)
The Articles of Organization for this Limited I. Florida document number $\frac{L17000166037}{L17000166037}$	Liability Company	were filed on 08/01/2017	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
MAKE ART BY CATA LLC			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation '	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STREET ADDRESS)		7855 NW 104 AVENUE /	APT 03
		DORAL, FL 33178	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	: BOX)	7855 NW 104 AVENUE A	APT 03
France and Co. Marie Berry Obs 6111Co.	<u> </u>	DORAL, FL 33178	
B. If amending the registered agent and/or agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address:	CATALINA S.		nter the name of the new registo
New registered contact reading.		Enter Florida street a	ddress
	DORAL		, Florida <u>33178</u>
		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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	CATALINA SALAZAR	7855 NW 104 AVENUE APT 03	\ ≘ ∧dd
		DORAL, FL 33178	□ Remove
			□Change
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ective date, if other than the	date of filing:		(optional)
effective date is listed, the date must	be specific and cannot be prior to	date of filing or more than 9	0 days after filing.) Pursuant to 605.020 ments, this date will not be listed a
<u>e:</u> If the date inserted in this or ument's effective date on the De		ne statutory tring require	ments, this date will the be fished a
cord specifies a delayed effective	date, but not an effective tin	ne, at 12:01 a.m. on the ea	rlier of: (b) The 90th day after the
s filed.			
ed MAY 22	. 2022	<u>.</u>	
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