L17000212745

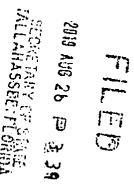
(Requestor's Name)
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COVER LETTER

TO:	Registration Sec Division of Corp	ction A porations,	ŧ	e	צ
	MAX 7 EN	TERPRICE LLC			
SUBJE	CT:	Name of Limi	ted Liability Company		
The enc	losed Articles of a	Amendment and fee(s) are sub	nitted for filing.		
Please r	eturn all correspon	ndence concerning this matter t	to the following:		
		MAXIMO J RODRIGUEZ	:		
			Name of Person		
			Firm/Company		
		4611 SW 151ST TERR			
			Address		
		MIRAMAR FL 33027			
			City/State and Zip Code		
		E-mail address: (to be used for future annual report notif	ication)	
For furt	her information c	oncerning this matter, please ca	ali:		
	Name o	f Person	at () Area Code Daytime	Telephone Number	
	Name	· · · · · · · · · · · · · · · · · · ·	•	·	
Enclose	ed is a check for th	ne following amount:			
\$25	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &

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

FILED

MAX 7 ENTERPRICE LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 2913 AUC 26 73 39

The Articles of Organization for this Limited Liability	Company were filed on	08/23/2019: TARY CF STATE and assigned
Florida document number L17000212745	·	MCCMINGOCCO
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l	imited liability compan	ny here:
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 AD	DRESS)	
The same and the same of applicables		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	 	
B. If amending the registered agent and/or re	gistered office address	s on our records, enter the name of the nev
registered agent and/or the new registered office a	ddress here:	
Name of New Registered Agent: M.	AXIMO RODRIGUEZ	
New Registered Office Address: 46	11 SW 151ST TERR	
New Negistered Office Hadress.	Ente	er Floridu street address
M	IRAMAR	Florida 33027
-	Cuy	Zip Code
New Registered Agent's Signature, if changing Regist	ered Agent:	

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 panfirm that the limited liability

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
	<u></u>		
			□ Remove
			Change
			☐ Remove
			□ Change
			Add
			Remove
			☐ Change
			🗆 Remove
			Change
			☐ Remove
			Change

(If an effective date Note: If the dat	, if other than the date of filing: e is listed, the date must be specific and cannot be pute inserted in this block does not meet the appetitive date on the Department of State's record	(optional) rior to date of filing or more than 90 days after filing.) Pursuant to 605.0 dicable statutory filing requirements, this date will not be listed ds.	.0207 (3 ed as th
if the record spe (b) The 90th d	ecifies a delayed effective date, but lay after the record is filed.	not an effective time, at 12:01 a.m. on the earlie	er of:
08/23/20	019	·	
Dated			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00