

L17 000 234175

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (800) 293-4075

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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17 DEC -5 AM 7:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MAXX'S CLEANING PRODUCTS LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$30.00

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

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MAXX'S CLEANING PRODUCTS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on NOVEMBER 11, 2017 and assigned Florida document number L17000234175.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MAXX'S PRODUCTS LLC

The new name must be distinguishable and end with 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, **Florida** _____
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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

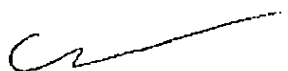
n/a

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E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated NOVEMBER 29, 2017



Signature of a manager or authorized representative of a member

ANDREW LARKIN

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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Maxx Products, Inc

November 29, 2017

To Whom It May Concern:

As the President of Maxx Products, Inc, I, Andrew Larkin, confirm that we as a company have no intentions of reinstating the corporate entity name of Maxx Products, Inc. I give permission to incorporate the entity name of Maxx's Products, LLC.

If you have any questions or concerns, please contact me. Thank you.



Andrew Larkin
President, Maxx Products, Inc

561-455-2625
4733 W Atlantic Ave C7
Delray Beach, FL 33445

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Maxx Products, Inc
4733 W Atlantic Ave C7 Delray Beach, FL 33445

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