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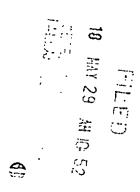
(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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05/29/18--01036--018 \*\*25.00



## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: MAX Mobile Services LLC Name of Limited Liability Company				
The enclosed Articles of Amendment and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
DANIA CONCEPCION Name of Person				
Max Mobile Services LLC Firm/Company				
5721 Surrey Circle West				
DAVIC, F 33331  City/State and Zip Code  MAXMSbileLLC @ GMAil. Com  E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Name of Person at (305) 282 5880  Area Code Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee Certificate of Status  \$25.00 Filing Fee Certificate of Status  \$25.00 Filing Fee Certified Copy (additional copy is enclosed)  \$25.00 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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability Comp</u> (A Florida Limited	oany as it now appears on our recor I Liability Company)	<u>'ds.</u> )
The Articles of Organization for this Limited Liability Compan	y were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del>
(Principal office address MUST BE A STREET ADDRESS)		
		7
Enter new mailing address, if applicable:	<del></del>	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	
		Florida
	Cuy	гір Соае

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
MGR	Michael Suarez	5721 Surray Circle West Davie, FT 33331	Add
		Davie, FI 33331	Remove
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	<del></del>
C. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of Note: If the date inserted in this block does not meet the applicable statu document's effective date on the Department of State's records.	(optional) filing or more than 90 days after filing.) Pursuant to 605.0207 (3) tory filing requirements, this date will not be listed as the
f the record specifies a delayed effective date, but not an eff b) The 90th day after the record is filed.	ective time, at 12:01 a.m. on the earlier of:
Dated 5-23-18	
Signature of a member of authorized repr	esentative of a member
Udnvia CoviceDcion Typed or frinted name of	signee

Page 3 of 3

Filing Fee: \$25.00