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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MEDEIROS SOUZA CORP

Account Number : I20190000068

Fax Number

: (407)326-8484 : (407)604-6519

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MAXIMIZE BUSINESS CONSULTING LLC

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COVER LETTER

FO: Registration Sec Division of Corp	tion - orations				
MAXIMIZE	BUSINESS CONSULTING L	LC			
SUBJECT:	Name of Limite	d Liability Company	,		
The enclosed Articles of a	Amendment and fee(s) are subm	ined for filing.			
Please return all correspon	ndence concerning this natter to	the following:			•
	RUBEM SOUZA	·•		,	
		Name of Person	Ω		
·	MEDEIROS SOUZA COR	3			
		Furn/Company) [']		
	845 N GARLAND AVE, S	re 100 .	•		
•		Address		amang ilah si mengapipanan di abandanyan di Asi A	
	ORLANDO FL 32801				
		City/State and Zip	Code		•
	accountant@medeirossouza.	com			
		o be used for future a	innual report nou	(nearon)	
For further information of	oncoming this matter, please co	di:			
RUBEN SOUZA		407 nt (437 2709		
Name	of Person	Area Cod	le Daytin	ne Telephone Number	٠:
Enclosed is a check for	be following amount:				
23 \$25.00 Filing Fee	S30,00 Filing Fee & Certificate of Status	S55.00 Filing Certified Co (additional co)	g Fee & opy oy is endosed)	· Certified	e of Status & 🐇
Mailing Addro Registration Division of P.O. Box 63 Tallahassee,	Section - Corporations 27	- R D T 2-	reet Address: egistration S vivision of Co he Centre of 415 N. Mont allahassee, F	orporations Tallahassee oe Street, Suite 8	10

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAXIMIZE BUSINESS CONSULTING LLC	
(Name of the Umited Clability Compa (A Florids Livoted L	ny ac it now appears on our records.) nothiny Company)
The Articles of Organization for this Limited Liability Company Florida document number L18000117557	were filed on 05/10/2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lish	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	Hty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6000 METROWEST BLVD SUITE 200 OFFICE 119
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO FL 32835
	(REATING 1) 52005
The state of applicables	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	2023
	÷ 1)
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
agent and/or the new registered office address 1811.	
Name of New Registered Agent:	7 .11
•	= -
New Registered Office Address:	Enter Florida street a librosy- CO
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>
provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ce address, I hereby confirm that the limited liability
i i Ci	hanging Registered Agent, Stenature of New Registered Agent

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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>	Name		Address	Type of Action
				TAdd
-				□ Remove
·				ClChange
-1				E)Add
				Remove
				(ii) Change
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emocut,	date, if other than the date of filing:
recon The 90	i specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear th day after the record is filed.
ted	N6UST 197 3020
	(2 - butwowite REPRESENTATIVE
	Samable of a member or authorized representative of a member

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Filing Fee: \$25.00