

L18000139881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

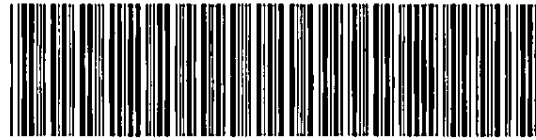
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/19/19--01004--013 **20.00

2019 OCT 16 PM 3:08

RECEIVED

C. GOLDEN

NOV - 7 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Brittman Business Solutions, 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:

Jeanette Ramirez Brittman

Name of Person

Max-A-Tax, LLC

Firm/Company

269 SE Whitmore Drive

Address

Port St Lucie, FL 34984

City/State and Zip Code

jeanette@brittmansolutions.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeanette Ramirez Brittman

772 240-2777
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 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**

2019 OCT 16 PM 3:08

Max-A-Tax, 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 06/05/2018 and assigned
Florida document number LI8000139881.

This amendment is submitted to amend the following:

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

Brittman Business Solutions, LLC

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 ADDRESS)

269 SE Whitmore Drive

Port St Lucie, FL 34984

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

269 SE Whitmore Drive

Port St Lucie, FL 34984

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:

Jeanette Ramirez Brittman

New Registered Office Address:

269 SE Whitmore Drive

Enter Florida street address

Port St Lucie

Florida 34984

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>	<u>Type of Action</u>
MGR	Jeanette Ramirez Brittman	269 SE Whitmore Drive	<input type="checkbox"/> Add
		Port St Lucie, FL 34984	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

My husband and I got back together. I moved back into our residence and would like to change the

business name back to the original: Brittman Business Solutions, LLC. Thank you!!!

(I know! , Long story)

10/12/2019

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

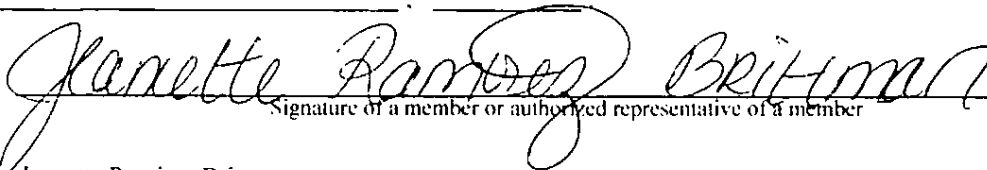
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated October 12th, 2019



Signature of a member or authorized representative of a member

Jeanette Ramirez Brittman

Typed or printed name of signee