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## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	The Max	ited Libbility Company	iam ICC
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	nondence concerning this matter	to the following:	2
		Name of Person	-2 A
		Firm/Company	لي.
	1041	NW 49th (	Place . 3
	Corci	City/State and Zip Jode  SMAX TI (a) De obe used for future angual report notific	3307C
For further information	concerning this matter, please ec	att:	
Denne	S Maxey	at (954) 64 Area Code Daytime	8 - 5011 Telephone Number
Enclosed is a check for	the following amount:		
<b>Ś</b> . \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	LING ADDRESS: tration Section	STREET/COURT Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Fallahassee, FL 32304

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE MAXEY SALES TEAM, I.	3C.	
(Name of the Lin	nited Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Florida document number 1,18000148991	Liability Company were filed on June 18	2018 and assigned
This amendment is submitted to amend the fo	llowing:	(50) 64) 64) 64)
A. If amending name, enter the new name	of the limited liability company here:	الم
The new name must be distinguishable and contain the	words "Limited Liability Company," the designa-	ttion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	
(Principal office address MUST BE A STRE	EET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	E BOX)	
B. If amending the registered agent and registered agent and/or the new registered of		records, enter the name of the nev
Name of New Registered Agent:	Dennis Maxey	
New Registered Office Address:	10411 NW 49th Place	
	Enter Florida su	vet address
	Coral Springs	, Florida <u>33076</u>
	City	Zin 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 affice 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
AMBR	Josephine Maxey	10411 NW 49th Place	■ Add
		Coral Springs, Fl 33076	□ D
			☐ Change
AMBR	Dennis Maxey	10411 NW 49th Place	
		Coral Springs, Fl 33076	☐ Remove
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in effective date is fisted, if ite: 11 the date inserted	ie date must be specifi	and cannot be prior	to date of filing or m	ore than 90 days after (	filing.) Pursuant to 60	)5.0207 (
cument is effective date	on the Department	of State's records	·	g requirements, this	date will find the lis	acci as n
record specifies a The 90th day after	delayed effective the record is file	re date, but no ed.	ot an effective t	ime, at 12:01 a	.m. on the earl	ier of:
ited July 2		2018	·			
6 1	, /)	1 ale				
		1/104///	orized representative			

Page 3 of 3

Filing Fee: \$25.00