

W18 000254061

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

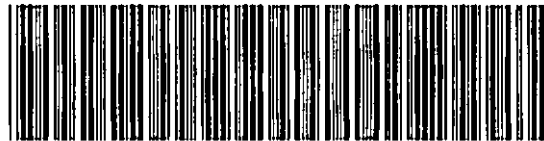
(Business Entity Name)

(Document Number)

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**FILED**

**2022 MAY 16 AM 8:16**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FL**

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MAXTRUST REALTY 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:

MAXIMILIANO CUFARI

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

2100 Ponce De Leon Blvd #850

\_\_\_\_\_  
Address

Coral Gables, FL 33134

\_\_\_\_\_  
City/State and Zip Code

MaxCufari@gmail.com

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

For further information concerning this matter, please call:

MAXIMILIANO CUFARI

786

505-4933

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

**FILED**

MAXTRUST REALTY LLC

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

2022 MAY 16 AM 8:16

SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 10/29/2018 and assigned  
Florida document number L18000254061.

This amendment is submitted to amend the following:

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

VGX Realty 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:**

2100 Ponce De Leon Blvd #850

**(Principal office address MUST BE A STREET ADDRESS)**

Coral Gables, FL 33134

**Enter new mailing address, if applicable:**

2100 Ponce De Leon Blvd #850

**(Mailing address MAY BE A POST OFFICE BOX)**

Coral Gables, FL 33134

**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:

MAXIMILIANO CUFARI

New Registered Office Address:

2100 Ponce De Leon Blvd #850

*Enter Florida street address*

Coral Gables

Florida 33134

*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          | MAXIMILIANO CUFARI | 2100 Ponce De Leon Blvd #850 | <input type="checkbox"/> Add               |
|              |                    | Coral Gables, FL 33134       | <input type="checkbox"/> Remove            |
|              |                    |                              | <input checked="" type="checkbox"/> Change |
|              |                    |                              | <input type="checkbox"/> Add               |
|              |                    |                              | <input type="checkbox"/> Remove            |
|              |                    |                              | <input type="checkbox"/> Change            |
|              |                    |                              | <input type="checkbox"/> Add               |
|              |                    |                              | <input type="checkbox"/> Remove            |
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SECRETARY OF STATE  
TALLAHASSEE, FL

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SECRETARY OF STATE  
TALLAHASSEE, FL

(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)

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 MAY 11th, 2022

MAXIMILIANO CUFARI

Typed or printed name of signee