118000256198

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



800356553668

12/17/20--01009--009 **21.00

BEN LA LI MAL SE

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

(850) 224-8870 • 1-800)-342-8062 • Fax (850) 22	2-1222
MAX PROFESSION	AL SERVICES LLO	
<u> </u>		
_ , _,		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Сеп. Сору
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
org.nature		Vehicle Search
		Driving Record
Requested by: Seth	11/20/20	UCC 1 or 3 File
	$\frac{11/30/20}{\text{Date}} {\text{Time}}$	UCC 11 Search
Name	Date Time	UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

COVER LETTER

TO: Registration Se Division of Cor			
MAX PRO	FESSIONAL SERVICES LLC	:	
Sobober.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MARILYN		
	 	Name of Person	.,,,
	MAX PROFESSIONAL S	ERVICES LLC	
		Firm/Company	
	1800 W 68 ST SUITE 118		
		Address	·
	HIALEAH FL 33014		
		City/State and Zip Code	
	cjmortgages@yahoo.com		
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please co	ali:	
CARLOS		954 8490185 at()	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	he 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 1 Division of C P.O. Box 632	Section Corporations	Street Address: Registration Se Division of Co The Centre of The Centre	rporations
Tallahassee,			oc Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	tay ay it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 10/31/2018	and assigned
lorida document number L18000256198		_
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1800 W 68 ST SUITE 118	
Principal office address MUST BE A STREET ADDRESS)	HIALEAH FL 33014	20
		2020 DEC
nter new mailing address, if applicable:	1800 W 68 ST SUITE 118	
Mailing address MAY BE A POST OFFICE BOX)	HIALEAH FL 33014	
		<u> </u>
		-
3. If amending the registered agent and/or registered office a	address on our records, <u>enter the</u>	name of the new regis
gent and/or the new registered office address here:		
Name of Name Produced A		
Name of New Registered Agent:		
New Registered Office Address:	C. Chil	
	Enter Florida street address	

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

Zip Code

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	Carlos Jimenez	1800 W 68 ST SUITE 118	= Add
		HIALEAH,FL 33014	□Remove
			□Change
MGR	MARILYN PEREZ	1800 W 68 ST SUITE 118	
		HILAEAH FL 33014	□ Remove
			Change
			PAdd T
			-□Remove ii
			⇔Change
			□Remove
			[]Change
			□Abd
			□Change
			□Remove
			□ Change

			
			
			
			
		 	
			2020 (E1)
			<u> </u>
			<u> </u>
		•	+
			
ective date, if other than the date of filing:	.020	(antianal)	
effective date is listed, the date must be specific and cannot be	prior to date of filing or mo	re than 90 days after filing	.) Pursuant to 605,02
e: If the date inserted in this block does not meet the a ument's effective date on the Department of State's rec	opticable statutory filing ords	requirements, this date	will not be listed a
cord specifies a delayed effective date, but not an effect	ve time, at 12:01 a.m. o	n the earlier of: (b) Th	ne 90th day after th
s filed.			
:d			
12			
MAN		-	
	authorized representative		

Filing Fee: \$25.00