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COVER LETTER

TO:	Registration S Division of Co			
SUBJI	ECT:	Max Cla	Bircius LLC nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
			Max Claircius Name of Person	
		<u>M</u> a	Firm/Company	
		7413 J	essamine Dr Address	
		ha	Heland, FL 33810 City/State and Zip Code	
		E-mail address: (claircius ayahoo cor	fication)
For fur	ther information c	oncerning this matter, please c	all;	
	Max CI	aircius	at (\$6914 434 Area Code Daytim	- 6159
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclose	ed is a check for th	ne 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Fl. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ircius LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) liability Company)		
The Articles of Organization for this Limited Liability Company Florida document numberL1900013303.	were filed on January 11,201	9_ and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability of Associates The new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name of the limited liability of the new name of the new name of the new na	LLC	reviation "L.L.C."	_
Enter new principal offices address, if applicable:		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	_
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	_
Enter new mailing address, if applicable:	Max Claircius	APR 17 PH	
(Mailing address MAY BE A POST OFFICE BOX)	hathken, FL 33849	7 5 7 7	_
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, <u>enter t</u> :	he name of the	<u>new</u>
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street uddress		_
	Florida		
	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>	Address	Type of Action
MGR	Alicia Claircius	7413 Jessamine Dr.	D∕Add
		7413 Jessamine Dr. Lakeland, FL 33510	□ Remove
			Change
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