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COVER LETTER

SUBJECT: Manual Man	TO:		stration Sect sion of Corpo					
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: KENNETH R GARRETSON. SR Name of Person MAX LIQUIDATORS, LLC Firm/Company 711 LEE RD Address JACKSONVII.LE, FL 32225 [City/State and Zip Code	CHD IE	ĊТ.						
Please return all correspondence concerning this matter to the following: KENNETH R GARRETSON, SR Name of Person MAX LIQUIDATORS, LLC Firm/Company 711 LEE RD Address JACKSONVILLE, FL 32225 City/State and Zip Code INFO@MAXLIQUIDATORS.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: BARNEY J MADISON Name of Person Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\Begin{array}{c} \$255.00 \text{ Filing Fee} & \$360.00 \text{ Filing Fee}. Certificate of Status & Certificate of Status & Certificed Copy (additional copy is enclosed) Certificed Copy (additional copy is enclosed)	SUBJE	CI;		Name of Lim	nited Liability Company		_	
Name of Person MAX LIQUIDATORS, LLC Firm/Company 711 LEE RD Address JACKSONVILLE, FL 32225 City/State and Zip Code INFO@MAXLIQUIDATORS.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: BARNEY J MADISON Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (certified Copy)					-			
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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

ompany as it now appears on our records. ited Liability Company)	.)
oany were filed on 02/04/2019	and assigned
liability company here:	
Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
<u></u>	7019
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red office address on our records	05
	
Enter Florida street addres	SS
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City	Zip Code
	Liability Company," the designation "LLC" S) ed office address on our records here: Enter Florida street addres. Fl

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

Title	Name	<u>Address</u>	Type of Action
MGR	SANDRA S MADISON	4488 BAY HARBOUR DR JACKSONVILLE, FL 32225	Add
			Remove
			Change
		 	Remove
			☐ Change
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on effective date is listed, the date must be specific and the date inserted in this block does not	nd cannot be prior to date meet the applicable st	of filing or more than 90) days after filing	g.) Pursuant to	605.0207 listed as
cument's effective date on the Department of	State's records.				
record specifies a delayed effective	date, but not an e	effective time, at	12:01 a.m.	on the ea	arlier of
The 90th day after the record is filed					
FEBRUARY 23 ted	2019				
B AM					
///~~/ /L////	an				_
Signature of a	n member or authorized r	epresentative of a memb	рег		

Page 3 of 3

Filing Fee: \$25.00