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Division of Corporations

Fax Number :

: (850)617-6383

From:

Account Name : SANDRA CASTILLO TAX SERVICE LLC

Account Number : I20190000047 Phone : (321)946-6560 Fax Number : (866)704-9120

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MAX FACE, LLC

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Corporate Filing Menu

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COVER LETTER

TO: Registration Se Division of Cor				
MAX FAC	E, LLC			
	Name of Lin	nited Liability Company		·
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.		
Please return all correspondence	ondence concerning this matter	to the following:		
	Genaro Herrera Lopez			
		Name of Person	···	
	MAX FACE, LLC			
		Firm/Company		202
	309 Elm Dr.			2021 AUG SECRES
		Address		26
	Casselberry, FL 32707			S R In
		City/State and Zip Code		
	genaro.herrera8@gmail.com			<u> 15</u>
· · · · · · · · · · · · · · · · ·		to be used for future annual report notif	lication)	
For further information c	oncerning this matter, please of	all:		
Sandra Danis Ramos		407 205-0002 at()		
Name o	f Person	Area Code Daytime	Telephone Number	_
Enclosed is a check for the	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 F Certificate of S Certified Copy (additional copy is	Status &
Mailing Addres Registration S		<u>Street Address:</u> Registration Sec	etion	
Division of C		Division of Cor		

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAX FACE, LLC			
(Name of the Limi	led Liability Compa (A Florida Limited I	ny as it now appears on Liability Company)	our records.)
The Articles of Organization for this Limited L Florida document number <u>L19000056208</u>	iability Company	were filed on 02/26/2	019 and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
The new name must be distinguishable and contain the	vords "Limited Liabil	lity Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	309 Elm Dr	
(Principal office address MUST BE A STREET ADDRESS)		Casselberry, FL 327	07
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		309 Elm Dr Casselberry, FL 327	07
B. If amending the registered agent and/or agent and/or the new registered office address.		address on our reco	rds, enter the name of the new registered
Name of New Registered Agent:	Genaro Herrers	a Lopez	
New Registered Office Address:	309 Elm Dr		
		Enter Florida	
	Casselberry		, Florida 32707
		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.

Genaro Herrara Jopez

If Changing Registered Agent, Signature of New Registered Agent

_____ Change

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	Genaro Herrera Lopez	309 Elm Dr	🗆 Add
		Casselberry, FL 32707	□Remove
			
			□Add
			□Remove
			□ Change
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Effective date, if other than the date of filing:	(4	optional)	G 1	
f an effective date is listed, the date must be specific and cannot be prior to date of filing or Note: If the date inserted in this block does not meet the applicable statutory fi	or more than 90 days	after filing.) P		
document's effective date on the Department of State's records.	ung reduirements	, this date w	III IIQI DE	naich ea c
record specifies a delayed effective date, but not an effective time, at 12:01 a.n d is filed.	m. on the earlier o	if: (b) The !	90th day :	after the
Dated Aug 26th 2021				
Signature of a member or authorized representat	1-00	-		
No. 74 A 1 1/21 1 1/2	~ () I (/	L ,		