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D SCOTT

JUN - 5 2019

FO: Registration So Division of Cor			
	S SPA LLC		
SUBJECT:	Name of Lini	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subj	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ALESSANDRA DE OLIV	EIRA	
	MAXIMUS SPA LLC	Name of Person	_
	211 E FEE AVE	Firm/Company	
	MELBOURNE, FL 32901	Address	- 5 - 2
	ALESSKIUY@GMAIL.CO		
		be used for future annual report notification)	
	concerning this matter, please ca	\	
ALESSANDRA DE OLIVEIRA		321 914-9156 at ()	
Name c	of Person	Area Code Daytime Telephone Numb	ег
Enclosed is a check for t	he following amount:		
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certific	Filing Fee, cate of Status & ed Copy nal copy is enclosed)
Regist Divisio P.O. B	ANG ADDRESS: ration Section on of Corporations fox 6327 assee, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

COVER LETTER

ARTICLES OF ORGANIZATION OF

MAXIMUS SPA LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 03/05/2019 and assigned Florida document number <u>1.19000063148</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: ب. Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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 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.

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

MGR = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Actic
MGR	ALESSANDRA DE OLIVEIRA	211 E FEE AVE MELBOURNE, FL 32901	
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