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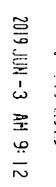
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C. GOLDEN JUN 2 1 2019

COVER LETTER

Division of Corporations		
SUBJECT: MXXIMUL entry Name of Limited I	COPYIES TE LLC Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted	ed for filing.	
Please return all correspondence concerning this matter to the	ne following:	
Kristy Ve	Name of Person	
mexximus	Enterprises II uc Firm/Company	
837 norm	Address y trace vol.	
tampe, Fl	33U07— Sity/State and Zip Code	
	e used for future annual report notification)	
For further information concerning this matter, please call:		
Kristy Velszcorez Name of Person	at (<u>B13</u>) <u>482 - 7412</u> Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:		
S25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Statu Certified Copy (additional copy is encl	
MAILING ADDRESS: Registration Section	STREET/COURIER ADDRESS: Registration Section	

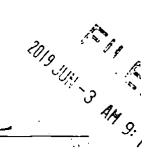
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



and assigned

(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 5/10/2019

Florida document number L19000127146L9	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	421 LOU	or 30th Dr. S
(Principal office address MUST BE A STREET ADDRESS)	32250	ile Beach, FL
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.		records, enter the name of the
Name of New Registered Agent:	- .	
New Registered Office Address:		<u> </u>
•	Enter Florida str	eet address
	. <u>. </u>	, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
I hereby accept the appointment as registered agent and ag-	ree to act in this capac	ity. 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.

MGR = Ma $AMBR = Au$	nnager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGP	Mrx McDaniel	421 Lower 36th Dr. 5	E Add
	•	421 Lower 36th Dr. 5 Jacksonville Beach, Fl	□ Remove
•		32250	Change
			Add
` -,			Remove
*			Change
			Add
			□ Change
			□ Add
,			□ Remove
			□ Change
			□ Add
			🗆 Remove
`.`			□ Change
			□ Remove
			□ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being a or removed from our records:

•	
•	
-	
•	
•	
<u></u>	
(If an ef <u>Note:</u>	ive date, if other than the date of filing: 5/20/2019 (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the next of the seffective date on the Department of State's records.
f the re (b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	May 29 . 2019
:.	Signature of a hember or authorized representative of a member
·	Knifty Velworth Types of printed name of signee

D. If amending any other information, enter change(s) here. (Anach datarahad sheets, if necessary,

Page 3 of 3

Filing Fee: \$25.00