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COVER LETTER

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TO:

Registration Section
Division of Corporations

SUBJECT: INVERSI	ONES MAX Name of Lim	(- 1302 UC ited Liability Company	19 XOX 67
The enclosed Articles of Amendm	ent and fee(s) are sub-	mitted for filing.	
Please return all correspondence of	oncerning this matter	to the following:	
3	laDimir F	RODRIGUEZ PE	rez_
IV	JUERSIONES	MAX-1302 UC Firm/Company	<u> </u>
_4	001 NW 97	TH AV SUITE 301-	<u>B</u>
	DORAL,	FC 33178 City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information concerning	g this matter, please co	all:	
BlAdiMiR F Roc Name of Person	lri6vEZ	at () Area Code Daytime	e Telephone Number
Enclosed is a check for the follow	ing amount:		
	0.00 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 AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations	STREET/COURI Registration Section Division of Corpor Clitton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INVERSIONES MAX-1302 LLC
(Name of the Limited Liability Company as Know appears on our records.) The Articles of Organization for this Limited Liability Company were filed on 06 03 2019 Florida document number L 19000 146934. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: THVERSIONES MAX 1302 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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida 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 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			Change
			Add
			☐ Remove
			Change
			Add
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Effecti	ve date, if other than the date of filing: (optional)
Note:	ctive 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 tent's effective date on the Department of State's records.
the rec	ord 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.
	11/18/2019
) The	
) The	M 18 2019 BIADIMIR F RODRIGUEZ PEREZ Signature of a member of a unthorized representative of a member

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Filing Fee: \$25.00