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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

Email	Address:					
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MR. MAX INVESTMENTS LLC.

Certificate of Status	0
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mr. Max investments LLC (Name of the Lim	ited Liability Comp (A Florida Limited	oany as it now appears on our Lability Company)	records.)	
The Articles of Organization for this Limited l		·	and assigned	
his amendment is submitted to amend the fol	lowing:			
. If amending name, enter the new name	of the Ilmited lia	bility company here:		
he new name must be distinguishable and contain the		odity Company," the designation	n "LLC" or the abbreviation "L.L.C."	
nter new principal offices address, if appli				
Principal office address MUST BE A STRE.	<u>e i adukess)</u>		<u> </u>	
nter new mailing address, if applicable:		7901 4TH ST N		
<u> 1ailing address MAY BE A POST OFFICE</u>	E BOX)	STE 300		
		ST PETERSBURG, FL 33	3702	
. If amending the registered agent and/or gent and/or the new registered office address.	~	address on our records,	enter the name of the new reg	
Name of New Registered Agent:	Registered Ag	gents inc		
New Registered Office Address:	7901 4TH ST N STE 300		<u> </u>	
		Emer Florida street	address = 5	
	ST. PETERSB		, Florida <u>33702</u> ಧ	
		City	Zip Chile	

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

12/15/2023 11:12:29 PST

Ta: 18506176383

Page: 3/4

From: Registered Agents Inc

Fax: 8134365206

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	Reynolds Capital	1540 Keller Pkwy	🗀 Add
		ste 108-434	X :Remove
		Keller, TX 76248	☐ Change
AMBR	treynolds, trent	2517 TROPHY CLUB DR	□Add
		Trophy Club, TX 76262	⊠Remove
			☐ Change
AMBR	OPULENCE REAL ESTATE GROUP LLC	7901 4TH ST N STE 300	X Add
		ST. PETERSBURG, FL 33702	□Remove
			☐Change
MGR	REYNOLDS, TRENT	7901 4TH ST N STE 300	X IAdd
		ST. PETERSBURG, FL 33702	□Remove
			□Change
			□Add
			[]Remove
			□Change
			
			□Remove
			□Change

D. If amending any other informat	ion, enter change(s) here: (Attach addi	tional sheets, (f necessary.)
	-	
	-	
		
	be specific and cannot be prior to date of filing or ck does not meet the applicable statutory fili	(optional) more than 90 days after filing.) Pursuant to 605,0207 (3)(ting requirements, this date will not be listed as the
the record specifies a delayed effective cord is filed.	date, but not an effective time, at 12:01 a.m	on the earlier of: (b) The 90th day after the
Dated December 15th	2023	
Robin In	2023 Signature of a member or authorized representative	
	ignature of a member or authorized representative	ve of a member
Robin Jones		
	Typed or printed name of signee	