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COVER LETTER

Registration Section

Division of Corporations

TO:

SUBJECT:	MAX OUT	GROUP LLC		•		
SOBJECT.		Name of Lim	ited Liability Company	·		
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	i all correspo	ondence concerning this matter	to the following:			
		Pauline Saint Jean				
Name of Person						
	WSJ COMPANY HOLDINGS					
	Firm/Company					
7860 W. Commercial Blvd #729						
			Address			
Lauderhill, FL 33351						
City/State and Zip Code					······································	
		Info@wsjcompanyholdings				
		E-mail address: (to be used for future annual	report notificat	ion)	
For further i	nformation c	oncerning this matter, please c	all:			
Pauline Sair	nt Jean		561 299-5016 at ()			
Name of Person		f Person	Area Code	Daytime To	elephone Number	
Enclosed is	a check for t	he following amount:				
□ \$25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en-		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Re Di P.0	diling Addressistration Section Section of Co. Box 632	Section Corporations 27	Divisio The Ce 2415 N	ation Section of Corporation	rations ahassee treet, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAX OUT GROUP 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 $\frac{08/20/2019}{1}$ Florida document number $\frac{1.19000212803}{2}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MaxOut Group LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 7860 W. Commercial Blvd #729 Enter new principal offices address, if applicable: Lauderhill, FL 33351 (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

New Registered Agent's Signature, if changing Registered Agent:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida _

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>	<u>Address</u>	Type of Action
MGR	Erica Martial	433 PLAZA REAL SUITE 275	[]Add
		BOCA RATON, FL 33432	Remove
MGR	WSJ COMPANY HOLDINGS	7860 W. Commercial Blvd #729	□Add
		Lauderhill, F1, 33351	□Remove
			■ Change
		 	□Remove
		•	Change
			□Add
			Remove
			□Change
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. Effective	e date, if other than live date is listed, the date	the date of filing	g:			(optional)		
<u>Note:</u> If	tive date is listed, the date inserted in the date inserted in that it's effective date on the	is block does not r	neet the applicabl	date of filing or le statutory fil	more than 90 ing requiren	days after filing.) nents, this date) Pursuant to 60 will not be li:)5,0207 (3)(t sted as the
the record second is	specifies a delayed eff i.	ective date, but not	an effective time	e, at 12:01 a.m	n, on the ear	lier of: (b) The	e 90th day afi	ter the
Dated D	ecember 22		2020	, ·				
<u></u>			Taut member or authoriz	zed representati	ve of a memb	oer		
	Pauline Saint Jean							
		· · · · · · · · · · · · · · · · · · ·	Typed or printed:	name of signee		· -		

Filing Fee: \$25.00