L19000278030

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500338250065

12/30/19--01010--013 +-25.00

FILED

19 000 30 M 7:18

JAN 29 2020

S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Max	Electrical So	lutions LIC		
	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	Jesse	Rampersad Name of Person		
	Mux Elec	ctrical Solution Firm/Company	is LLC	
	856 Willie	Mays Parkway Address		
	Orlando FL	32811 City/State and Zip Code do44163 amail-co to be used for future annual report notif		
	Transusa E-mail address: (do 4916 gmail. Co	ication)	
For further information of	concerning this matter, please c	all:		
Jesse Rame o	oersand of Person	at (321) 287 - 6 Area Code Daytime	4858 Telephone Number	
Enclosed is a check for the	he following amount:			
\$25.00 Filing Fee	☐ \$30.00 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 Addres Registration S		Street Address: Registration Sec	tion	
Division of C	Corporations	Division of Corporations		
P.O. Box 6327		The Centre of Ta	allahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAX ELECTRICAL SOLUTIONS LLC		11. 15 型
(<u>Name of the Limited Liabilit</u> (A Florida	v Company as it now appears on o Limited Liability Company)	ur records.) 19 and assigned
The Articles of Organization for this Limited Liability C	ompany were filed on $\frac{12/30/20}{2}$	19 and assigned
Florida document number L19000278030	<u>_</u> ·	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
This amendment is submitted to amend the following:		,
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	PESS)	
	.	A
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		.=0
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	i office address on our record	ls, <u>enter the name of the new registere</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida sti	vet address
		, Florida
	City	Zip Code

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 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
Officen AMBR	Jesse Rampersad	856 Willie Mays Parkway Orla FL 32811.	udo [XAdd
			□Remove
			□ Change
· 			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□ Add
			🗆 Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Max Electrical Solutions would like to
make Jesse Rampersad an officer. It is required
to keep the Business Bank account Please let
me know if you need further information.
Jesse Kampersad's address is 856 Willie Mays
Parkway Orlando FL. 32811.
Jesse Rampersad as an authorized person
with the little of an officer.
· · · · · · · · · · · · · · · · · · ·
E. Effective date, if other than the date of filing:
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated Pecember 27th . 2019 Signature of a member or authorized representative of a member Jesse Rampursad Typed or printed name of signers
Signature of a member or authorized representative of a member
Jesse Rampersad Typed or printed name of signee

Filing Fee: \$25.00