1200000 27443

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SECRETARY OF STATE



COVER LETTER

TO:

TO: Registration Se Division of Cor			
MAX FIX	X LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MARINA CHALOVA		
		Name of Person	
	MAX FIXX LLC		
		Firm/Company	
	49 WHITE HALL DR		
		Address	
	PALM COAST, FL 32164	1	
		City/State and Zip Code	
	ACCUTAX-PALM@CFL.		
	E-mail address; (to be used for future annual report not	ification)
For further information of	oncerning this matter, please c	all:	
MARINA CHALOVA		386 2069898	
Name o	f Person		ne Teiephone 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 enclosed)	Section 50 Status & Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		<u>Street Address:</u> Registration Se	ection
Division of Corporations		Division of Co	
P.O. Box 632		The Centre of	
Tallahassee,	rl 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAX FIXX LLC

company has been notified in writing of this change.

(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)			
Articles of Organization for this Limited Liability Company were filed on JANUARY 21,2020 and assigned and document number 1.20000027443				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC"	or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	 	2021 S		
(Principal office address MUST BE A STREET ADDRESS)				
		7 A		
		SECOND IT		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		2: 0R		
		טרוו א		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	se name of the new register		
Name of New Registered Agent:	 			
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
	City	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete				

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

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 = Manager AMBR = Authorized Member

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■Remove
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rective date, if other than the date of filing: 01/15/2020 n effective date is listed, the date must be specific and cannot be prior to detective date.	(optional)	605 036
ite: If the date inserted in this block does not meet the applicable	e statutory filing requirements, this date will no	t be listed a
cument's effective date on the Department of State's records.		
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ecord specifies a delayed effective date, but not an effective time is filed.	, at 12:01 a.m. on the earlier of: (b) The 90th of	iay after the
ted		
Marina Chalova Signature of a member or authorize		
MAZING UNKNUVA		

Filing Fee: \$25.00