

L2000000 27443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

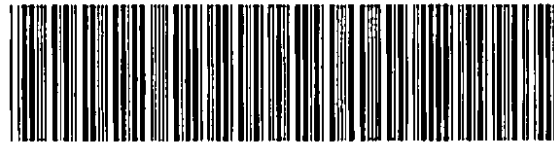
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2020 MAR -2 PM12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 20 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MAX FIXX LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARINA CHALOVA

Name of Person

MAX FLXX LLC

Firm/Company

49 WHITE HALL DR

Address

PALM COAST, FL 32164

City/State and Zip Code

ACCUTAX-PALM@CFL.RR.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARINA CHALOVA

386

2069898

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MARINA CHALOVA	49 WHITE HALL DR, PALM COAST, FL32164	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARINA CHALOVA	49 WHITE HALL DR, PALM COAST, FL 32164	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECRETARY OF STATE
FALLAHASSEE, FLORIDA
2020 MAR 2 PM 12:12
FILE

PLEASE ADD EIN 84-4590745

FILED
2020 MAR -2 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(If an effective 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 (3)(b)

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.

Mazina Charova

MARINA CHALOVA

Filing Fee: \$25.00