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CK 418/2023

## **COVER LETTER**

Registration Section

Division of Corporations

TO:

. , Maxsam Ir SUBJECT:	ivestments LLC		
SUBJECT.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Nicole Whalen		
		Name of Person	
		Firm/Company	
	4831 Pennecott Way		
		Address	<del></del>
	Wesley Chapel FL 33544		
		City/State and Zip Code	
	nicole.ranciato@gmail.com		· · · · · · · · · · · · · · · · · · ·
For further information of	encerning this matter, please c	to be used for future annual report not all:	ification)
Nicole Whalen	,,	203 800-6153	
Name of Person		at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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 Se	ection
Division of C	Corporations	Division of Co	
P.O. Box 632		The Centre of	
Tallahassee, I	プレ 3 <i>2</i> 314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Maxsam Investments LLC

.c 2023 HAY 12 AH 8: 54

(Name of the Lin	(A Florida Limited Liability Company)	
The Articles of Organization for this Limited Florida document number L20000073584		and assigned
This amendment is submitted to amend the fo		
A. If amending name, enter the new name	of the limited liability company here:	
A Company of the		
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC" $\boldsymbol{\sigma}$	r the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)	
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office address on our records, <u>enter the</u> ess here:	e name of the new regis
Name of New Registered Agent:	Nicole Whalen	
New Registered Office Address:		
	Enter Florida street address	
	, Floric	
	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 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>	Address	Type of Action
	Nicole Ranciato	4831 Pennecott Way Wesley Chapel FL 33544	□Add
			= Remove
AHBE			Change
Mrs.	Nicole Whalen	4831 Pennecott Way Wesley Chapet FL 33544	🗐 Add
			□Remove
			□Change
<del></del>			□Add
			Remove
			Change
			🗆 Add
			□ Remove
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			□Change
		<del></del>	□ Add
			□Remove
			□Change

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Filing Fee: \$25.00