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COVER LETTER

Registration Section Division of Corporations

TO:

	p Distributors LLC		
SUBJECT.	Name of Lin	nited Liability Company	
The analogy Articles of	A mondmont and foo(a) are sub	amitted for filing	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Emanuel Gonzalez		
		Name of Person	
	Maxi Group Distributors I	LLC	
		Firm/Company	
	877 Adour Dr. Unit A		
		Address	
	Kissimmee, Fl., 34759		
		City/State and Zip Code	
	emanuelgonzalez8720@gm	nail.com	
	E-mail address: (to be used for future annual report notifi	cation)
For further information of	oncerning this matter, please o	all:	
Emanuel Gonzalez		941 725-5019	
Name o	f Person	at () Area Code Daytime	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 Address Registration S Division of C P.O. Box 632 Tallahassee, 1	Section Torporations 17	Street Address: Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL.	orations illahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Maxi Group Distributors LLC

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(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 $\frac{05/14/2020}{1}$ _____ and assigned Florida document number $\frac{1.20000130350}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (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:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

____, Florida _____ Zip Code 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
AMBR	Emanuel Gonzalez	877 Adour Dr. Unit A, Kissimmee, Fl. 34759	□Add
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prioriote: If the date inserted in this block does not meet the applic ocument's effective date on the Department of State's records.	(optional) to date of filing or more than 90 days after filing.) Pursuant to 605.0207 table statutory filing requirements, this date will not be listed as
record specifies a delayed effective date, but not an effective till is filed.	ime, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated October 05 2020	·