L20000 136240

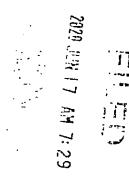
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JUL 2 5 2020 S. YOUNG

COVER LETTER

TO:	Registration S Division of Co			
SUBJE	CT: <u>Ule f</u>	Day THE MAX:	Jewely Boyers nited Liability Company	LLC
The enc	losed Articles of	Amendment and fec(s) are sul	bmitted for filing.	
Please r	eturn all corresp	ondence concerning this matter	r to the following:	
		Debra	Ann Weisz Name of Person	
		We Pay The	e max Jewelr Firm/Company	y Buyers Lic
		9930 Shep	pard Place : Address	
		wellingt	City/State and Zip Code	·
		E-mail address: (to be used for future annual report notifical) tion)
For furth	er information c	oncerning this matter, please c	all:	
_De	b Col W Name o	erson	at (561) 429 (Area Code Daytime Te	2898 Elephone Number
Enclosed	l is a check for th	e 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 Co P.O. Box 632' Tallahassee, F	ection orporations 7	Street Address: Registration Section Division of Corpora The Centre of Talla 2415 N. Monroe St	ations thassee

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WE PAY THE MAX JEWELRY BUYERS	
(Name of the Limited Liability Company as it now appears on our records)	
(A Florida Limited Liability Company)	
ne Articles of Organization for this Limited Liability Company were filed on may 19, 2020 and assigned	: }
orida document number L20000 136240	į
nis amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liability company here:	
e new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."	_
tter new principal offices address, if applicable:	
rincipal office address MUST BE A STREET ADDRESS)	_
	_
	_
ter new mailing address, if applicable:	
ailing address MAY BE A POST OFFICE BOX)	_
	_
	_
If amending the registered agent and/or registered office address on our records, enter the name of the new registent and/or the new registered office address here:	ered
To be a strict address here.	
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 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
AMBR	DEBRA ANN WEISZ	4930 Shepard Place Wellington FL 33414	ÆAdd
			□ Remove
			□Change
			□ Add
			□ Remove
			□Change
			□Add
			□Remove
			□ Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
*****			□Add
			□Remove
			□Change

Page 2 of 3

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e	tive date, if other than the date of filing:
the re) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	Jone 15 /2020
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member DEBRA ANN WEISZ Typed or printed page of signer
	A