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COVER LETTER

TO: , Registration Se Division of Co			
SUBJECT: NA	· · · · · · · · · · · · · · · · · · ·	RWICE LLC 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:	
	Alextino	7 Tyujing Namod Person	
	MAXX CA.	RE SERVICE Firm/Company	LLC
		Masters A	
	Lanewood	Banch, FL	34202
	alevtina.t	Banch, Fl City/State and Zip Code (U) Management of the used for future innual report in	il. com
For further information c	oncerning this matter, please c	V	is the unonly
Alexina	Tylejina	at (941) 78 Area Code Day	06036 time Telephone Number
· · · · · · ·		wea code Day	ume rereptione Number
Enclosed is a check for th	se following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAXX CARE SERVICE LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

Organization for this Limited Liability Company were filed on 05/21/2020 and a

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M AMBR = A	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□Add
		·	□Remove
			☐Change
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an effective ote: If the	e date is listed, the e e date inserted in	tan the date of fit date must be specific in this block does no in the Department of	and cannot be prior of meet the application	to date of filing or morable statutory filing	(option than 90 days after requirements, this	onal) filing.) Pursuant to 605.020' date will not be listed as
	ecifies a delayed	effective date, but	not an effective til	me, at 12:01 a.m. or	the earlier of: (b)	The 90th day after the
record spe is filed.						
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is filed.		- <u>l</u>	2021 N	<u>O</u> .		
is filed.		10	LOZA Member or autho	O.	f a member	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Filing Fee: \$25.00